# Interventions for Fall Risk Reduction Knowledge Assessment

**Evaluator Instructions**: The following is a list of sample questions that could be used to evaluate staff knowledge of interventions for fall risk reduction following education on this topic. The questions are grouped by potential fall risk reduction interventions so that you can select questions to address staff knowledge on any one or more interventions. The table of contents should help you navigate the document. Any questions you select may also be adapted as you see fit, particularly if you need to customize them to match your organization’s policy for fall risk reduction. The questions you select to use for assessment could be administered on paper, or text of questions could be entered into an electronic learning management system if your organization utilizes one for training and evaluation. Correct responses are shown in bold text.

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# **Assistive devices/equipment**

**Assessment Instructions**: Please answer the following questions about the use of assistive devices/equipment as a fall risk reduction intervention.

1. Assistive devices/equipment such as a walker or toilet riser should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Cognitive or behavioral impairment
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. Medications
	4. Any patient at risk for falls
2. For a patient who can perform a standing transfer but cannot reliably walk far enough to make it to and from the bathroom, a commode is an appropriate intervention to consider to reduce risk of falls.
	1. **True**
	2. False

# **Bed and/or chair alarms**

**Assessment Instructions**: Please answer the following questions about the use of bed and/or chair alarms as a fall risk reduction intervention.

1. Bed and/or chair alarms should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Cognitive or behavioral impairment**
	2. Medications
	3. Sensory impairment
	4. None of the above
2. Which of the following statements about bed and/or chair alarms is TRUE?
	1. Alarms should be used as a first-line intervention for all patients at risk of falls.
	2. Bed and chair alarms are considered physical restraints and should not be used in any health care setting.
	3. **Bed and chair alarms can help alert staff when a patient at risk for falls gets up without assistance.**
	4. Once an alarm is in place, no further monitoring or interventions are needed.

# **Bed in low position**

**Assessment Instructions**: Please answer the following questions about the use of a bed in the low position as a fall and fall injury risk reduction intervention.

1. Placing the bed in the lowest position should be considered as an intervention for patients who have which of the following risk factors?
	1. Cognitive or behavioral impairment
	2. Medications
2. Sensory impairment
3. **Any patient, even those not at risk for falls**
4. Which of the following best explains why placing a hospital bed in the lowest position helps reduce fall injury risk?
	1. **It decreases the distance to the floor, therefore reducing the amount of force the patient will experience should they fall while getting out of bed.**
	2. It encourages patients to remain in bed and avoid unnecessary activity.
	3. It makes it easier for staff to reach the patient during care tasks.
	4. It reduces restlessness when patients are in bed.

# **Bedside floor mats**

**Assessment Instructions**: Please answer the following questions about the use of bedside floor mats as a fall and fall injury risk reduction intervention.

1. Bedside floor mats should be considered as an intervention for patients who have which of the following risk factors?
	1. Cognitive or behavioral impairment
	2. Difficulty with mobility and/or activities of daily living (ADLs)
	3. **Risk of injury**
	4. Any patient, even those not at risk for falls
2. Bedside floor mats can reduce the risk of injury from falls by providing a cushioned surface next to the bed.
	1. **True**
	2. False

#

# **Call light and belongings in reach**

**Assessment Instructions**: Please answer the following questions about placing the call light and belongings in reach as a fall risk reduction intervention.

1. Placing the call light and belongings in reach should be considered as an intervention for patients who have which of the following of fall risk factors?
	1. Cognitive and behavioral impairment
	2. Medications
	3. Sensory impairment
	4. **Any patient, even those not at risk for falls**
2. Mrs. Thompson is a 42-year-old patient admitted for observation due to dehydration. Upon assessment for fall risk, she is determined to not be at risk for falls. Which of the following fall risk reduction interventions is most appropriate for Mrs. Thompson?
	1. Have her use a bedside commode for toileting.
	2. **Keep her call light and frequently used items within reach.**
	3. Provide her with a walker to use during ambulation.
	4. Set a bed alarm.

# **Declutter environment**

**Assessment Instructions**: Please answer the following questions about decluttering the environment as a fall risk reduction intervention.

1. Decluttering the environment should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Cognitive or behavioral impairment
	2. Medications
	3. Sensory impairment
	4. **Any patient, even those not at risk for falls**
2. Removing clutter from the patient’s environment supports fall risk reduction because it can reduce tripping hazards and allow for safer movement.
	1. **True**
	2. False

# **Delirium prevention or mitigation**

**Assessment Instructions**: Please answer the following questions about delirium prevention or mitigation as a fall risk reduction intervention.

1. Strategies to prevent or mitigate delirium should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Cognitive or behavioral impairment**
	2. Difficulty with mobility and/or activities of daily living (ADLs)
	3. Risk of injury
	4. Toileting needs
2. Delirium prevention strategies, such as orienting the patient regularly and promoting adequate sleep, have no impact on fall risk in hospitalized patients.
	1. True
	2. **False**

# **Documentation of mobility/ADL (Activities of Daily Living) assistance**

**Assessment Instructions**: Please answer the following questions about the documentation of mobility/ADL assistance as a fall risk reduction intervention.

1. Documentation of mobility/ADL assistance should be considered as an intervention for patients who have which of the following risk factors?
	1. Cognitive or behavioral impairment
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. Medications
	4. Risk of injury
2. Which of the following reflects an example of documentation that would best communicate to others how to assist a patient with mobility and ADLs?
	1. “Assistance was provided.”
	2. “Patient did fine today.”
	3. “Patient needed help walking.”
	4. **“Patient required moderate assistance with managing clothing during toileting and ambulated 50 feet with a walker and standby assist.”**

# **Floor clean and dry**

**Assessment Instructions**: Please answer the following questions about keeping the floor clean and dry as a fall risk reduction intervention.

1. Keeping the floor clean and dry should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
2. Cognitive or behavioral impairment
3. Medications
4. Toileting needs
5. **Any patient, even those not at risk for falls**
6. Why is it important to keep the floor clean and dry in patient care areas?
	1. It ensures that equipment can be stored safely on the floor.
	2. **It helps to prevent slips for patients, staff, and visitors.**
	3. It helps reduce the spread of infection.
	4. It reduces work for environmental services staff.

# **Gait/transfer belt**

**Assessment Instructions**: Please answer the following questions about the use of a gait/transfer belt as a fall risk reduction intervention.

1. The use of a gait/transfer belt should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Cognitive or behavioral impairment
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. Medications
	4. None of the above
2. Mr. Lee is a 76-year-old patient recovering from pneumonia. He is weak and unsteady on his feet but is eager to walk to the bathroom with help. He requires physical assistance to stand and often loses balance during transfers. He follows instructions well and uses a walker but needs hands-on support for safe mobility. Which intervention is MOST appropriate to support Mr. Lee’s mobility and reduce his fall risk?
	1. Encourage him to walk independently with his walker to promote gaining strength.
	2. Only allow Mr. Lee to ambulate with physical or occupational therapy staff.
	3. Take away Mr. Lee’s walker and have him use a cane instead.
	4. **Use a gait/transfer belt during ambulation and transfers.**

# **Handoff to communicate risk**

**Assessment Instructions**: Please answer the following questions about using a handoff to communicate patient fall risk as a fall risk reduction intervention.

1. Using a handoff to communicate patient fall risk should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Cognitive or behavioral impairment**
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. **Medications**
	4. **Risk of injury**
	5. **Sensory impairment**
	6. **Toileting needs**
	7. None of the above
2. Why is it important to discuss patient fall risk information during shift handoff reports?
	1. Because it is required for billing and insurance purposes.
	2. To give the patient time to rest before the next shift arrives.
	3. **To ensure consistency in the use of fall risk reduction interventions.**
	4. To let incoming staff know the patient’s diet and medication schedule.

# **Handrails in bathrooms, hallways, etc.**

**Assessment Instructions**: Please answer the following questions about the use of handrails in bathrooms, hallways, etc. as a fall risk reduction intervention.

1. The use of handrails in bathrooms, hallways, etc. should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Cognitive or behavioral impairment
	2. Medications
	3. Risk of injury
	4. **Any patient, even those not at risk for falls**
2. Handrails in hallways provide support for patients with limited balance or strength and can help prevent falls during ambulation.
	1. **True**
	2. False

# **Hearing aids**

**Assessment Instructions**: Please answer the following questions about hearing aids as a fall risk reduction intervention.

1. Hearing aids should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Difficulty with mobility and/or activities of daily living (ADLs)
	2. Medications
	3. **Sensory impairment**
	4. Toileting needs
2. True or False: Inconsistent use of hearing aids during hospital stays (for patients that need them) will not affect the patients’ ability to understand staff instructions to reduce their risk of falls.
	1. True
	2. **False**

# **Hip protectors**

**Assessment Instructions**: Please answer the following questions about the use of hip protectors as a fall and fall injury risk reduction intervention.

1. Hip protectors should be considered as an intervention for patients who have which of the following risk factors?
	1. Cognitive or behavioral impairment
	2. Difficulty with mobility and/or activities of daily living (ADLs)
	3. **Risk of injury**
	4. Sensory impairment
2. True or false: Hip protectors are intended to redirect or attenuate force at the hip to reduce risk of fracture in the event of a lateral fall.
	1. **True**
	2. False

# **Locked wheels on bed and wheelchairs**

**Assessment Instructions**: Please answer the following questions about the use of locked wheels on bed and wheelchairs as a fall risk reduction intervention.

1. The use of locked wheels on beds and wheelchairs should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Medications
	2. Risk of injury
	3. Toileting needs
	4. **Any patient, even those not at risk for falls**
2. When attempting to stand up from the bed, the bed rolls slightly, and the patient nearly falls to the floor. Which of the following could have prevented this scenario?
	1. Ensuring the patient has their walker next to the bed
	2. Ensuring the patient is wearing well-fitting and nonslip footwear
	3. Having bedside floor mats in place
	4. **Locking the wheels of the bed**

# **Medication review by pharmacy**

**Assessment Instructions**: Please answer the following questions about medication review by pharmacy as a fall risk reduction intervention.

1. Medication review by pharmacy should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Cognitive or behavioral impairment**
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. **Medications**
	4. Sensory impairment
	5. **Toileting needs, such as frequency or urgency of bowel and bladder**
2. True or false: Pharmacists contribute to fall risk reduction by identifying side effects or drug interactions that might be contributing to fall risk and making recommendations for potential changes in medications.
	1. **True**
	2. False

# **Night lights/supplemental lighting**

**Assessment Instructions**: Please answer the following questions about night lights/supplemental lighting as a fall risk reduction intervention.

1. Night lights/supplemental lighting should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. Cognitive or behavioral impairment
	2. Medications
	3. **Sensory impairment, especially vision**
	4. **Any patient, even those not at risk for falls**
2. True or false: Adequate lighting allows a patient to better use their visual system for balance.
	1. **True**
	2. False

# **Nonslip, well-fitted footwear**

**Assessment Instructions**: Please answer the following questions about nonslip, well-fitted footwear as a fall risk reduction intervention.

1. Nonslip, well-fitted footwear should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. Cognitive or behavioral impairment
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. Medications
	4. **Any patient, even those not at risk for falls**
2. True or false: Footwear that is too loose can increase the likelihood of tripping and slipping.
	1. **True**
	2. False

# **Occupational therapy evaluation**

**Assessment Instructions**: Please answer the following questions about occupational therapy evaluation as a fall risk reduction intervention.

1. An occupational therapy evaluation should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Difficulty with mobility and/or activities of daily living (ADLs)**
	2. Medications
	3. Risk of injury
	4. **Sensory impairment**
	5. **Toileting needs**
2. True or false: Occupational therapists play a minor role in fall prevention and are not typically involved unless a fall has already occurred.
	1. True
	2. **False**

# **Orthostatic blood pressure monitoring**

**Assessment Instructions**: Please answer the following questions about orthostatic blood pressure monitoring as a fall risk reduction intervention.

1. Orthostatic blood pressure monitoring should be considered as an intervention for patients who have which of the following fall risk factors?
2. Cognitive or behavioral impairment
3. **Medications**
4. Risk of injury
5. Sensory impairment
6. True or false: Orthostatic hypotension can cause feelings of dizziness and lightheadedness, which may lead to falls.
	1. **True**
	2. False

# **Pain management**

**Assessment Instructions**: Please answer the following questions about pain management as a fall risk reduction intervention.

1. Pain management should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Risk of injury
	2. Sensory impairment
	3. Toileting needs
	4. **Any patient, even those not at risk for falls**
2. True or false: Pain may impair a patient’s ability to engage in mobility and activities of daily living (ADLs), which may impact their fall risk.
	1. **True**
	2. False

# **Patient/family education**

**Assessment Instructions**: Please answer the following questions about patient/family education as a fall risk reduction intervention.

1. Patient/family education should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply,
	1. **Cognitive or behavioral impairment**
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. **Medications**
	4. **Risk of injury**
	5. **Sensory impairment**
	6. **Toileting needs**
	7. None of the above
	8. **Any patient, even those not at risk for falls**
2. True or false: Patient and family education should include information about why a patient is at risk for falling, what steps the staff will take to reduce their fall risk, and what steps the patient and family should take to reduce the patient’s fall risk.
	1. **True**
	2. False
3. True or false: Education for patients with cognitive or sensory impairments can be delivered the same way as for patients without these impairments.
	1. True
	2. **False**

# **Patient placed close to nurse station**

**Assessment Instructions**: Please answer the following questions about patients placed close to the nurses’ station as a fall risk reduction intervention.

1. Placing patients close to the nurses’ station should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Cognitive or behavioral impairment**
	2. Medications
	3. Risk of injury
	4. Sensory impairment
2. True or False: Proximity to the nurse's station should better allow for visual monitoring of the patient and faster response to a patient call light.
	1. **True**
	2. False
3. Ms. Patel is a 60-year-old female with a history of mild dementia and anxiety. She often forgets to call for help and becomes agitated when she is alone. What room location would help reduce fall risk for Ms. Patel?
	1. A private room to allow her a quiet place to rest
	2. **A room close to the nurses’ station for close monitoring**
	3. A room at the end of the hall to provide less stimulation
	4. Room location should have no effect on Ms. Patel’s fall risk.

# **Physical therapy evaluation**

**Assessment Instructions**: Please answer the following questions about physical therapy evaluation as a fall risk reduction intervention.

1. A physical therapy evaluation should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Difficulty with mobility and/or activities of daily living (ADLs)**
	2. Medications
	3. Risk of injury
	4. **Sensory impairment**
2. True or false: Physical therapists can recommend assistive devices and train patients in their safe use to prevent falls.
	1. **True**
	2. False
3. A 70-year-old man was admitted to the hospital due to diabetes complications. During initial assessment he reports feeling unsteady during walking. What is an appropriate intervention to reduce fall risk for this patient?
	1. Assign a sitter to the patient.
	2. Continue to monitor the patient for 48 hours.
	3. Prescribe bedrest until his diabetes complications subside.
	4. **Refer patient to physical therapy.**

# **Purposeful hourly rounding**

**Assessment Instructions**: Please answer the following questions about purposeful hourly rounding as a fall risk reduction intervention.

1. Purposeful hourly rounding should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Cognitive or behavioral impairment**
	2. Difficulty with mobility and/or activities of daily living (ADLs)
	3. Medications
	4. **Toileting needs**
	5. **Any patient, even those not at risk for falls**
2. Which of the following statements BEST reflects the role of purposeful hourly rounding in fall prevention?
	1. **Purposeful hourly rounding allows the care team to proactively address mobility, toileting, and other personal care needs before the patient attempts to act independently.**
	2. Purposeful hourly rounding primarily involves checking vital signs.
	3. Purposeful hourly rounding is done only after a patient uses the call light to request assistance.
	4. Purposeful hourly rounding is optional and typically used only in long-term care, not acute settings.

# **Seating assessment**

**Assessment Instructions**: Please answer the following questions about seating assessment as a fall risk reduction intervention.

1. Seating assessment should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Difficulty with mobility and/or activities of daily living (ADLs)**
	2. Medications
	3. Risk of injury
	4. None of the above
2. True or false: Proper sitting posture and comfort achieved through a seating assessment can reduce fall risk by improving a patient’s sitting balance and reducing the chance he/she will attempt to change positions unassisted.
	1. **True**
	2. False

# **Sitter**

**Assessment Instructions**: Please answer the following questions about sitters as a fall risk reduction intervention.

1. Sitters (either in-person or virtual) should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Cognitive or behavioral impairment**
	2. Medications
	3. Sensory impairment
	4. None of the above
2. Which patient would most likely benefit from the assignment of a sitter as a fall prevention strategy?
	1. **A patient who is confused, restless, and frequently attempts to get out of bed without assistance.**
	2. A patient who is fully independent in mobility and has no history of falls.
	3. A patient who uses a walker safely with supervision and has a stable cognitive status

# **Supervised mobility and/or activities of daily living (ADLs)**

**Assessment Instructions**: Please answer the following questions about supervision of mobility and/or ADLs as a fall risk reduction intervention.

1. Supervision of mobility and/or ADLs should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Difficulty with mobility and/or activities of daily living (ADLs)**
	2. Medications
	3. Risk of injury
	4. Any patient, even those not at risk for falls
2. Which of the following is the most appropriate strategy for reducing fall risk during patient mobility and activities of daily living (ADLs)?
	1. Discouraging the use of assistive devices during patient mobility.
	2. Restricting all patient movement to bed rest to prevent falls.
	3. **Supervising patients during transfers and ambulation.**

# **Supervised toileting**

**Assessment Instructions**: Please answer the following questions about supervised toileting as a fall risk reduction intervention.

1. Supervised toileting should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Cognitive or behavioral impairment**
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. Medications
	4. **Toileting needs**
2. Supervised toileting can help reduce the risk of falls by allowing staff to ensure safe management of clothing and transfers during toileting tasks.
	1. **True**
	2. False

# **Video monitoring**

**Assessment Instructions**: Please answer the following questions about video monitoring as a fall risk reduction intervention.

1. Video monitoring should be considered as an intervention for patients who have which of the following fall risk factors?
	1. **Cognitive or behavioral impairment**
	2. Sensory impairment
	3. Toileting needs
	4. None of the above
2. What is the primary purpose of using video monitoring in fall risk reduction for individuals in hospital settings?
	1. To limit patient mobility and promote bed rest.
	2. **To provide real-time alerts and improve response time if the patient engages in unsafe behaviors.**
	3. To record patient activity for legal purposes.
	4. To replace the need for staff supervision during mobility.

# **Visible identification of risk**

**Assessment Instructions**: Please answer the following questions about visible identification of risk as a fall risk reduction intervention.

1. Visible identification of fall risk, such as through the use of wristbands or signs, should be considered as an intervention for patients who have which of the following fall risk factors? Mark all that apply.
	1. **Cognitive or behavioral impairment**
	2. **Difficulty with mobility and/or activities of daily living (ADLs)**
	3. **Medications**
	4. **Risk of injury**
	5. **Sensory impairment**
	6. **Toileting needs**
	7. Any patient, even those not at risk for falls

1. Why is visible identification (e.g., fall risk wristbands or signs) used as a fall prevention strategy in healthcare settings?
	1. **To efficiently alert staff that a given patient requires fall precautions**
	2. To reduce the need for mobility aids
	3. To restrict the patient from participating in mobility activities
	4. To track patient medication compliance

# **Vision correction**

**Assessment Instructions**: Please answer the following questions about vision correction as a fall risk reduction intervention.

1. Vision correction should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Medications
	2. Risk of injury
	3. **Sensory impairment**
	4. None of the above
2. Wearing eyeglasses can help reduce fall risk by improving visual clarity and hazard detection in the environment.
	1. **True**
	2. False

# **Top bedrails up**

**Assessment Instructions**: Please answer the following questions about having top bedrails up as a fall risk reduction intervention.

1. Having top bedrails up should be considered as an intervention for patients who have which of the following fall risk factors?
	1. Medications
	2. Risk of injury
	3. Toileting needs
	4. **Any patient, even those not at risk for falls**
2. Raising the top bedrails can reduce fall risk by offering support during bed mobility and providing a visual demarcation for the edge of the bed.
	1. **True**
	2. False

# **Universal interventions**

1. Which of the following are interventions that should be used to reduce risk of falls for all patients, even those who are not identified at risk for falls? Mark all that apply.
	1. Assistive device/equipment
	2. Bed and/or chair alarms
	3. **Call light and personal belongings within reach**
2. **Declutter environment**
3. **Floor clean and dry**
4. **Locked wheels on hospital bed and wheelchair**
5. **Night lights/supplemental lighting**
6. **Non-slip, well-fitting footwear**
7. Occupational therapy evaluation
8. Physical therapy evaluation
9. True or false: A patient is admitted to the hospital and upon assessment does not have any risk factors for falls. Therefore, no fall risk reduction interventions need to be put into place for this patient.
	1. True
	2. **False**
10. Before assisting a patient to the bathroom, which of the following steps need to be taken?
11. **Ensure the patient is wearing well-fitting footwear or non-slip socks.**
12. Ensure the call light and all personal belongings are within reach.
13. Raise the patient’s bed to the highest position and put the handrails up.
14. Unlock the wheels on the patient’s bed.