

Appendix 1. Integrated Evidence Framework for Falls Prevention

Lifecourse approach

L.1 Physical activity for bone and muscle strength: For children and young people (5-18 years) vigorous intensity activities, including those that strengthen muscle and bone (resistance-type activities) incorporated at least three days a week; for adults (19-64 years) physical activity to improve muscle strength undertaken on at least two days a week.

Primary prevention in the community (untargeted interventions) 60+	Identification & Assessment	Targeted interventions At risk/frail/75+/ Post-fragility fracture	Preventing falls in hospitals & LTCF	Post-discharge (towards independence)
P.1 Exercise <ul style="list-style-type: none"> Focused on gait, strength, balance, or functional training Otago Tai Chi 	IA.1 Older people routinely asked whether they have fallen in the past year	TI.1 Multidisciplinary assessment	PS.1 Regard at risk of falling in hospital: <ul style="list-style-type: none"> All patients aged 65+ Patients aged 50 to 64 years who are judged by a clinician to be at higher risk 	PD.1 Home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional.
P.2 Vitamin D supplementation (+ Calcium)	IA.2 Observed for balance and gait deficits and considered for interventions to improve strength and balance.	TI.2 Considered for an individualised multifactorial intervention	PS.2 Multifactorial assessment	PD.2 Specific exercise programs (eg Otago)
	IA.3 Healthcare professionals' professional competence in falls assessment and prevention.	TI.3 Strength and balance training is recommended - individually prescribed and monitored.	PS.3 Multifactorial interventions (include individual risk assessment and tailored interventions)	
	IA.4 Multifactorial falls risk assessment	TI.4 Psychotropic medications reviewed, and discontinued if possible	PS.4 Multifactorial interventions with an exercise component in extended care settings.	
	IA.5 Strength and balance training.	TI.5 Cardiac pacing considered for older people with cardioinhibitory carotid sinus hypersensitivity	PS.5 Vitamin D supplementation	
		TI.6 Falls prevention programmes (includes behaviour change & addressing barriers)	PS.6 Early anticipation of discharge needs	
		TI.7 Education & information.	PS.7 Information & support	
			PS.8 Ensure that relevant information is shared across services.	
			PS.9 Medication reviews for residents in LTCFs	