

Task Force Issues Final Recommendation Statement on Interventions to Prevent Falls in Older Adults

Exercise can reduce the likelihood of falls in adults 65 and older; additional interventions might be helpful for some older adults

WASHINGTON, D.C. – June 4, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement on interventions to help prevent falls in community-dwelling older adults. The Task Force recommends exercise interventions to help prevent falls in adults 65 years or older who are at increased risk for falls. **This is a B grade.** Healthcare professionals should also talk with their older patients about whether additional interventions might be helpful to reduce their risk of falling.

This is a C grade.

This recommendation applies to adults 65 and older who live at home and not in a nursing home or other institutional care setting. This recommendation does not apply to people who have certain medical conditions, such as Parkinson's disease or dementia, who require more specialized care.

Grades in this recommendation:

B: Recommended.

C: The recommendation depends on the patient's situation.

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When determining who is more likely to fall, clinicians should consider age and history of falling, as both can increase the risk of future falls. Other risk factors include sensory problems, medications that may increase fall risk, hazards at home or work, certain physical aspects of a person's home or neighborhood, and alcohol or drug use.

"The Task Force found that healthcare professionals can help prevent falls in adults 65 and older at increased risk by recommending structured exercise programs," says Task Force member Li Li, M.D., Ph.D., M.P.H. "Exercise is important to overall health, and its role in reducing falls is essential, as falls are the leading cause of injuries in older adults."

The Task Force found that providing multifactorial interventions to reduce the risk of falls may benefit some older adults. Multifactorial interventions include an assessment of an individual's risk of falling and a personalized plan of interventions developed to help address the individual's specific risks. These interventions may include cognitive behavioral therapy, nutrition therapy, education, medication management, urinary incontinence management, environmental modification, social or community services, or referral to specialists (such as a neurologist, cardiologist, or eye doctor).

"We know that a person's chance of falling goes up as they age and if they have fallen previously," says Task Force member James Stevermer, M.D., M.S.P.H. "Healthcare professionals should discuss with their older patients who are at increased risk whether assessment and interventions, in addition to recommending structured exercise, might be helpful to reduce their risk of falling."

Unlike the prior Task Force recommendation on this topic, this final recommendation does not address whether or not someone should consider taking vitamin D to prevent falls. To help streamline clinical guidance, the Task

Force is currently reviewing and evaluating the latest evidence on whether or not taking [vitamin D, calcium, or combined supplementation](#) can help prevent falls and fractures in a separate recommendation.

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from December 5, 2023, to January 8, 2024.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Li is a family physician and the Walter M. Seward professor and the chair of family medicine at the University of Virginia (UVA) School of Medicine. He is also co-leader of the Cancer Prevention and Population Health program at the UVA Comprehensive Cancer Center.

Dr. Stevermer is the vice chair for clinical affairs and Paul Revare, MD, professor of family and community medicine at the University of Missouri (MU). He also practices and teaches rural primary care at MU Health Care Family Medicine–Callaway Physicians. His scholarly activities focus on dissemination and evidence-based medicine.

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