The Modified Falls Efficacy Scale (MFES) guidelines

Working together to prevent falls

Guidelines developed by: National Ageing Research Institute and North West Hospital Falls Clinic

A one-page form, consisting of 14 questions each related to a particular activity (eg getting dressed, taking a bath, crossing roads etc). Unlike the original Falls Efficacy Scale (developed by Tinetti et al, 1990), this scale includes a broader range of indoor and outdoor activities. The questions aim to determine how confidently seniors feel they are able to undertake each activity on a scale of 0 (not confident at all) to 10 (completely confident).

An evaluation of the MFES was reported in: Hill, K., J. Schwarz, et al (1996). Fear of falling revisited. Archives of Physical Medicine and Rehabilitation 77: 1025-1029. These preliminary findings indicated that the MFES was both a reliable and valid measure of falls self-efficacy.

(Downloadable)

---✻✻✻✻✻✻✻✻✻✻✻---

In 2005 the Department of Human Services funded the National Ageing Research Institute to review and recommend a set of falls prevention resources for general use. The materials used as the basis for this generic resource were developed by the National Ageing Research Institute and the North West Hospital Falls Clinic, Parkville (adapted from Tinetti et al., 1990). This and other falls prevention resources are available from the department’s Aged Care website at: http://www.health.vic.gov.au/agedcare.
MODIFIED FALLS EFFICACY SCALE (MFES)
GUIDELINES

The guidelines aim to provide users with information to conduct and interpret the results obtained by the Modified Falls Efficacy Scale. This information has been taken from the Manual for clinical outcome measurement in adult neurological physiotherapy (2nd edition, available from the Australian Physiotherapy Association).

Type of measure:
Self report measure of falls efficacy, also commonly called fear of falling. Modification of original 10 item Falls Efficacy Scale (Tinetti et al, 1990).

Equipment required: 14 item questionnaire

Time required to perform test: Varies, 5 – 15 minutes

Test procedure:
Has been reported as interviewer administered questionnaire (Hill et al, 1996). Subject is asked to rate their confidence in performing each of 14 activities without falling on a 0 – 10 scale. An overall score is calculated by averaging the scores for all items which were rated (ie – score out of 10).

Normative scores:
Average score of 9.8 (range 9.2 – 10) for sample of healthy women (mean age 74.1 years, sd 4.0) (Hill et al, 1999)

Reliability:
• High retest reliability in older sample of fallers and non-fallers (ICC=0.95) (Hill et al, 1996).

Validity:
• Significantly lower MFES score in female stroke subjects who had returned home and were community ambulant (mean score 7.4, sd 1.1), compared to age matched controls (Hill, 1998).
• Significantly lower MFES score in female Parkinson’s disease subjects who were community ambulant (mean score 7.2, sd 1.5), compared to age matched controls (Hill, 1998).
• Significantly lower MFES score in people with polio compared to aged and gender matched controls (Hill and Stinson, 2004).
• Improved MFES in high falls risk older women who wore hip protectors (Cameron et al, 2000).
Strengths and limitations:

- appears sensitive to mild levels of loss of confidence
- needs further validation in neurological samples

References: