Appendix 1: American Geriatrics Society Falls Prevention Guidelines, 2001 and 2010

Guideline for the Prevention of Falls in Older Persons.
American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Falls Prevention Panel, 2001.

Specific Recommendations: Assessment

1) All older individuals who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls.
2) All older persons who report a single fall should be observed as they stand up from a chair without using their arms, walk several paces, and return. Those demonstrating no difficulty or unsteadiness need no further assessment.
3) Persons who have difficulty or demonstrate unsteadiness require further assessment.
4) Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance, require a falls evaluation. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (e.g. geriatrician).

Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society, 2010.

Recommendations: Screening and Assessment

All older individuals should be asked whether they have fallen (in the past year).
1. An older person who reports a fall should be asked about the frequency and circumstances of the fall(s).
2. Older individuals should be asked whether they experience difficulties with walking or balance.
3. Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or report difficulties in walking or balance (with or without activity curtailment) should have a multifactorial fall risk assessment.
4. Older persons who cannot perform or perform poorly on a standardized gait and balance test should be given a multifactorial fall risk assessment.
5. Older persons who report a single fall in the past year should be evaluated for gait and balance.
6. Older persons who have fallen should have an assessment of gait and balance using one of the available evaluations.
7. Older persons who have difficulty or demonstrate unsteadiness during the evaluation require a multifactorial fall risk assessment.
8. Older persons reporting only a single fall in the past year and reporting or demonstrating no difficulty or unsteadiness during the evaluation do not require a fall risk assessment.
9. A clinician (or clinicians) with appropriate skills and training should perform the multifactorial fall risk assessment.

Appendix 2: Correlation Matrix between TUG tasks and Attention and Executive Function tasks. Cohen [1] suggested that *r* = .1 represents a small association, *r* = .3 represents a medium association, and *r* = .5 represents a large association between variables in the social and behavioral sciences.

Cognitive Test	TUG	TUG-manual	TUG-cognitive
RBANS Coding	-0.47***	-0.46***	-0.58***
RBANS Fluency	-0.31**	-0.31**	-0.31**
RBANS Digit Span	-0.15		-0.20*
RBANS Figure Copy	-0.34***	-0.27**	-0.31**
Animal Fluency	-0.25**	-0.22*	-0.23*
Clock Draw	-0.14	-0.10	-0.21*
MMSE	-0.30**	-0.31**	-0.37***
MoCA	-0.33**	-0.21	-0.41**
Serial 7's	-0.25*	-0.26	-0.29**
Trails A	0.27**	0.37***	0.38***
Trails B	0.28**	0.19	0.30**
Ex Fx Comp	-0.36***	-0.28**	-0.39***

Note. TUG = Timed Up and Go task, TUGman = Timed Up and Go task while carrying a cup of water, TUGcog = Timed Up and Go while counting backward from 50 by 1's, ExFx Comp = Executive Function composite score; *$p < 0.05$. **$p < 0.01$. ***$p < 0.001$

1. Cohen J. Statistical power analysis for the behavioral sciences. 2nd edition. Hilldale (NJ): Lawrence Erlbaum; 1988.