



## A study of TUG [Timed get Up and Go] scores as falls risk assessment in elderly in a tertiary care centre in Mumbai.

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### Abstract:

#### INTRODUCTION

Early detection of falls risk in the community dwelling elderly helps to take preventive measures to avoid falls and hence decrease morbidity associated with falls. Falls are a serious threat to independent living and self confidence of the elderly. Using simple tools to determine risk of falls helps in early detection and prevention of falls.

#### AIMS & OBJECTIVES

To establish TUG data among patients attending the geriatric clinic at MGM hospital, Kamothe and to determine risk of falls in these patients with respect to their systemic involvement.

#### METHODS

A prospective observational study of 100 geriatric age group patients were studied for their TUG scores and classified based on systems involved. TUG was performed using standard protocol and scores were stratified based on gender, age and diagnosis.

Participants were required to perform TUG, and were instructed to rise from an armless chair walk 3 metres and turn around at the chalk mark, walk back, and sit. They were instructed to walk at a normal pace without walking aids and shoes. Time was recorded when participants' buttocks were lifted off the chair to stand and stopped when the buttocks touched the seat when returning to sitting position

#### Results

The results showed that the average TUG score of this cohort of 100 patients attending our geriatric outpatient clinic was 13sec. 60 Males and 40 females were analysed of which 38 patients had less than 12s as TUG score and 62 patients had more than or equal to 12sec as TUG score. Maximum number of patients undergoing the TUG test had musculoskeletal complaints. Yet patients with respiratory conditions had the highest mean TUG score of 14 sec and patients with abdominal and CNS conditions had lowest mean TUG scores.



#### Conclusion

This study of TUG score of cohort of 100 patients showed that average TUG score was 13sec which was higher than 12 second mark which indicates that these patients who did not have any previous fall had a risk of future falls and hence a requirement of an indepth mobility assessment and early intervention.

#### Biography:

Dr. Anita Kumar has completed her M.B.B.S. from MGM Hospital India and her Masters in Public health (M.P.H.) from King's College London, United Kingdom. She has published papers in reputed national and international journals.

#### Publication of speakers:

1. Reilly, Seamus & Kumar, Anita. (2016). Closing the loop: An exploratory study of reverse ready-made garment supply chains in Delhi NCR. The International Journal of Logistics Management. 27. 486-510. 10.1108/IJLM-03-2015-0050.
2. Anita. (2016). A quick scan audit of the 'socio-technical' system in a leather accessories manufacturing SME. International Journal of Indian Culture and Business Management. 12. 386. 10.1504/IJICBM.2016.075543.
3. Reilly, Seamus & Kumar, Anita & Adam, Frédéric. (2015). The role of hierarchical production planning in food manufacturing SMEs. International Journal of Operations & Production Management. 35. 10.1108/IJOPM-04-2014-0157.

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