Abstract
Background: Fall-related factors in older adults with different levels of physical activity, within a multidimensional approach, have not been widely investigated. Objective: To explore fall-related factors among older adults with different physical activity levels. Methods: A cross-sectional, exploratory study with 118 older adult outpatients. Participants who reported at least one fall in the previous 12 months were considered fallers. The activity level was assessed through the Human Activity Profile. A cutoff of 54 points was used to define the less active group and the more active group. A multidimensional questionnaire and a set of physical functioning tests were applied. Results: Fall prevalence was lower among the more active older adults (47.4%) when compared with the less active older adults (71.4%) (p<0.013). Logistic regression analysis showed that, among the more active group, falls were associated with: depressive symptoms (OR=0.747, 95%CI=0.575-0.970; p=0.029), concern about falling (OR=1.17, 95%CI=1.072-1.290; p=0.001), and self-selected walking speed (OR=0.030, 95%CI=0.004-0.244; p=0.001). For the less active group, the model was composed of age (OR=1.197, 95%CI=1.032-1.387; p=0.017) and functional disability (OR=14.447, 95%CI=1.435-145.45; p=0.023). Conclusion: For the more active older adults, reduced self-efficacy suggests that falling can trigger some protective behavior, such as slower gait and depressive symptoms, but the casual link between falls and these outcomes should be further investigated. These data emphasize that physical therapists should be aware that there are differences in fall-related factors depending on the older patients physical activity level, and this must be considered when planning interventions for this population.

Keywords
Physical activity level, accidental falls, older adult, geriatric assessment.