In recent years, a number of research investigations have been conducted in an effort to determine whether declining balance and mobility among older adults can be reversed or at least slowed. Unfortunately, the results of a number of these studies have not yielded positive outcomes. Three reasons are forwarded to account for these unsuccessful outcomes: the lack of a contemporary theory-based approach to the problem, the failure to use multiple and diverse measures of balance and mobility, and the failure to design multidimensional interventions that target the actual source(s) of the balance or mobility-related impairments. A model fall-risk-reduction program designed to address each of the shortcomings associated with previous research findings is presented. The program is group based and suitable for implementation in community-based and residential care facilities.