

BERG BALANCE SCALE

Patient Name: _____

Rater Name: _____

Date: _____

Balance Item	Score (0-4)
1. Sitting unsupported	_____
2. Change of position: sitting to standing	_____
3. Change of position” standing to sitting	_____
4. Transfers	_____
5. Standing unsupported	_____
6. Standing with eyes closed	_____
7. Standing with feet together	_____
8. Tandem standing	_____
9. Standing on one leg	_____
10. Turning trunk (feet fixed)	_____
11. Retrieving objects from floor	_____
12. Turning 360 degrees	_____
13. Stool stepping	_____
14. Reaching forward while standing	_____
TOTAL (0-56): _____	

Interpretation

0-20, wheelchair bound
21-40, walking with assistance
41-56, independent

References

Berg K, Wood-Dauphinee S, Williams JI, Maki, B: Measuring balance in the elderly: Validation of an instrument. **Can. J. Pub. Health, July/August supplement 2:S7-11, 1992.**

Berg K, Wood-Dauphinee S, Williams JI, Gayton D: Measuring balance in the elderly: Preliminary development of an instrument. *Physiotherapy Canada*, 41:304-311, 1989.

Tinetti Performance Oriented Mobility Assessment (POMA)*

Patient Name.....

Therapist Name.....

DOB __/__/__

Position.....

Date

Description:

The Tinetti assessment tool is an easily administered task-oriented test that measures an older adult's gait and balance abilities.

Equipment needed: Hard armless chair, Stopwatch or wristwatch , 15 ft walkway

Completion:

Time: 10-15 minutes

Scoring: A three-point ordinal scale, ranging from 0-2. "0" indicates the highest level of impairment and "2" the individuals independence.

Total Balance Score = 16

Total Gait Score = 12

Total Test Score = 28

Interpretation: 25-28 = low fall risk 19-24 = medium fall risk < 19 = high fall risk

TOTAL SCORE (Gait + Balance) = _____/28

Tinetti Performance Oriented Mobility Assessment (POMA) - Balance Tests -

Patient Name.....

Therapist Name.....

DOB ___/___/___

Position.....

Date

Initial instructions: Subject is seated in hard, armless chair.

Activity Score

1. Sitting Balance

Leans or slides in chair =0

Steady, safe =1

2. Arises

Unable without help =0

Able, uses arms to help =1

Able without using arms =2

3. Attempts to Arise

Unable without help =0

Able, requires > 1 attempt =1

Able to rise, 1 attempt =2

4. Immediate Standing Balance (first 5 seconds)

Unsteady (swaggers, moves feet, trunk sway) =0

Steady but uses walker or other support =1

Steady without walker or other support =2

5. Standing Balance

Unsteady =0

Steady but wide stance(medial heels > 4 inches apart) and uses cane or other support =1

Narrow stance without support =2

6. Nudged (subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times)

Begins to fall =0

Staggers, grabs, catches self =1

Steady =2

7. Eyes Closed (at maximum position of item 6)

Unsteady =0

Steady =1

8. Turing 360 Degrees

Discontinuous steps =0

Continuous steps =1

Unsteady (grabs, staggers) =0

Steady =1

9. Sitting Down

Unsafe (misjudged distance, falls into chair) =0

Uses arms or not a smooth motion =1

Safe, smooth motion =2

BALANCE SCORE: _____/16

- Gait Tests -

Patient Name.....

Therapist Name.....

DOB __/__/__

Position.....

Date

Initial Instructions: Subject stands with examiner, walks down hallway or across room, first at “usual” pace, then back at “rapid, but safe” pace (using usual walking aids)

Activity Score

- 10. **Initiation of Gait** (immediately after told to “go”
Any hesitancy or multiple attempts to start =0
No hesitancy =1 _____
- 11. **Step Length and Height**
Right swing foot does not pass left stance foot with step =0
Right swing foot passes left stance foot =1 _____
Right foot does not clear floor completely with step =0
Right foot completely clears floor =1 _____
Left swing foot does not pass right stance foot with step =0
Left swing foot passes right stance foot =1 _____
Left foot does not clear floor completely with step =0
Left foot completely clears floor =1 _____
- 12. **Step Symmetry**
Right and left step length not equal (estimate) =0
Right and left step length appear equal =1 _____
- 13. **Step Continuity**
Stopping or discontinuity between steps =0
Steps appear continuous =1 _____
- 14. **Path** (estimated in relation to floor tiles, 12-inch diameter;
observe excursion of 1 foot over about 10 ft. of the course)
Marked deviation =0
Mild/moderate deviation or uses walking aid =1
Straight without walking aid =2 _____
- 15. **Trunk**
Marked sway or uses walking aid =0
No sway but flexion of knees or back or
Spreads arms out while walking =1
No sway, no flexion, no use of arms, and no
Use of walking aid =2 _____
- 16. **Walking Stance**
Heels apart =0
Heels almost touching while walking =1 _____

GAIT SCORE = _____/12

Timed Up and Go (TUG) Test^{1,2}

1. Equipment: arm chair, tape measure, tape, stop watch.
2. Begin the test with the subject sitting correctly in a chair with arms, the subject's back should be resting on the back of the chair. The chair should be stable and positioned such that it will not move when the subject moves from sitting to standing.
3. Place a piece of tape or other marker on the floor 3 meters away from the chair so that it is easily seen by the subject.
4. Instructions : "On the word GO you will stand up, walk to the line on the floor, turn around and walk back to the chair and sit down. Walk at your regular pace.
5. Start timing on the word "GO" and stop timing when the subject is seated again correctly in the chair with their back resting on the back of the chair.
6. The subject wears their regular footwear, may use any gait aid that they normally use during ambulation, but may not be assisted by another person. There is no time limit. They may stop and rest (but not sit down) if they need to.
7. Normal healthy elderly usually complete the task in ten seconds or less. Very frail or weak elderly with poor mobility may take 2 minutes or more.
8. The subject should be given a practice trial that is not timed before testing.
9. Results correlate with gait speed, balance, functional level, the ability to go out, and can follow change over time.
10. Interpretation
 - ≤ 10 seconds = normal
 - ≤ 20 seconds = good mobility, can go out alone, mobile without a gait aid.
 - < 30 seconds = problems, cannot go outside alone, requires a gait aid.

A score of more than or equal to fourteen seconds has been shown to indicate high risk of falls.

1. Podsiadlo D, Richardson S. *The Time "Up & Go": A Test of Basic Functional Mobility for Frail Elderly Persons*. Journal of the American Geriatrics Society 1991; 39(2): 142-148

2. Shumway - Cook A, Brauer S, Woollacott M. *Predicting the Probability for Falls in Community-Dwelling Older Adults Using the Timed Up & Go Test*. Physical Therapy 2000 Vol 80(9): 896-903.
Saskatoon Falls Prevention Consortium, Falls Screening and Referral Algorithm, TUG, Saskatoon Falls Prevention consortium, June, 2005