

Performance-Oriented Assessment of Balance

Patient's Name: _____

Date: _____

Instructions: The patient begins the assessment seated in a hard, straight-backed, armless chair. Ask the patient to perform each of the maneuvers described in the chart. Record the observations made according to the possible responses. The patient's response to each maneuver will align most closely with one of the criteria in the tool. Accurate assessment is dependent upon close observation of the patient during each maneuver.

Maneuver	Patient Response to Maneuver			Score
	Normal = 2	Adaptive = 1	Abnormal = 0	
Sitting in chair	Steady, stable	Holds onto chair to keep upright	Leans, slides down in chair	
Rising from chair	Able to rise in a single movement without using arms	Uses arms to hold onto chair or walking aid to pull or push up and/or moves forward in chair before attempting to rise	Multiple attempts required or unable without personal assistance	
Immediate standing balance (first 3 to 5 seconds after standing)	Steady without holding onto walking aid or other object for support	Steady, but uses walking aid or other object for support	Any sign of unsteadiness (e.g., grabbing objects for support, staggering, moving feet, more than minimal trunk sway)	
Standing balance	Steady, able to stand with feet together without holding object for support	Steady, but cannot put feet together	Any sign of unsteadiness regardless of stance or holds onto an object	
Balance with eyes closed (with feet as close together as possible)	Steady without holding onto any object with feet together	Steady with feet apart	Any sign of unsteadiness or holds onto an object	
Turning balance (360°)	No grabbing or staggering; no need to hold onto any objects; steps are continuous (turn is a flowing movement)	Steps are discontinuous (puts one foot completely on floor before raising other foot)	Any sign of unsteadiness or holds onto an object	
Nudge on sternum (patient should stand with feet as close together as possible; examiner pushes with light, even pressure over sternum 3 times; reflects ability to withstand displacement)	Steady, able to withstand pressure	Needs to move feet, but able to maintain balance	Begins to fall, or examiner has to help maintain balance	
Neck turning (patient is asked to turn head side to side and then to look up while standing with feet as close together as possible)	Able to turn head at least halfway side to side and able to bend head back to look at ceiling; no staggering, grabbing, or symptoms of lightheadedness, unsteadiness, or pain	Decreased ability to turn side to side and to extend neck backward, but no staggering, grabbing, or symptoms of lightheadedness, unsteadiness, or pain	Any signs of unsteadiness or symptoms when turning head or extending neck backward	

Maneuver	Patient Response to Maneuver			Score
	Normal = 2	Adaptive = 1	Abnormal = 0	
One leg standing balance	Able to stand on one leg for 5 seconds without holding object for support		Unable	
Back extension (ask patient to lean back as far as possible without holding onto object if possible)	Good extension without holding object or staggering	Tries to extend, but range of motion is decreased (compared with other patients of the same age) or needs to hold object to attempt extension	Will not attempt, no extension ability, or staggers	
Reaching up (have patient attempt to remove an object from a shelf high enough to necessitate stretching or standing on toes)	Able to take down object without needing to hold onto other object for support and without becoming unsteady	Able to get object but needs to steady self by holding onto something for support	Unable or unsteady	
Bending down (ask patient to pick up small objects, such as a pen, from the floor)	Able to bend down and pick up the object; able to get up easily in single attempt without needing to pull self up with arms	Able to get object and get upright in single attempt but needs to pull self up with arms or hold onto something for support	Unable to bend down, unable to get upright after bending down, or takes multiple attempts to upright self	
Sitting down	Able to sit down in one smooth movement	Needs to use arms to guide self into chair or not a smooth movement	Falls into chair or misjudges distances and lands off center	
TOTAL PATIENT SCORE <i>A higher score reflects better balance ability</i>				

(Tinetti, 1986)

Sources:

- Lin MR, Hwang HF, Hu MH, Wu HD, Wang YW, Huang FC. Psychometric comparisons of the timed up and go, one-leg stand, functional reach, and Tinetti balance measures in community-dwelling older people. *J Am Geriatr Soc.* 2004;52(8):1343-1348.
- Tinetti ME. Performance-oriented assessment of mobility problems in elderly patients. *J Am Geriatr Soc.* 1986;34(2):119-126.