

# Fullerton Advanced Balance Scale Assessment

## Patient Information

Name:

Date of Birth:

Date of Assessment:

Medical History/Relevant Information:

FAB Scale Components
<b>a. Tandem Stance</b>
Eyes Open Score:
Eyes Closed Score:
<b>b. Semi-Tandem Stance</b>
Eyes Open Score:
Eyes Closed Score:
<b>c. Tandem Walk</b>
Number of Steps:
Additional Comments (if any):
<b>d. Untimed Single Leg Stance</b>
Eyes Open Score:
Eyes Closed Score:
<b>e. Timed Single Leg Stance</b>
Number of Seconds:
<b>f. Reactive Postural Control</b>
Score:
<b>g. Base of Support in Sitting</b>
Score:

<b>h. Gait Speed</b>
Time to Walk 10 Feet:
<b>i. Functional Reach Test</b>
Score:

**Interpretation**

**Recommendations**

**Follow-up Plan**