

Sitting Balance Scale

Patient information	
Name:	Date of birth:
Address:	
Contact information:	Date:
Equipment needed	
<ul style="list-style-type: none">• Stopwatch• 2 lb. cuff weight• Pen• 12-inch ruler• Slipper• Physician Desk Reference (PDR) or other stable object (3-3.5 inches in height)• Clipboard• 15"x15"x15" foam	
Procedure	
<ul style="list-style-type: none">• Each activity will be performed by the patient while seated without support on a firm, sturdy surface while their feet are in a weight-bearing position unless otherwise specified on the sheet.• Your patient only gets one attempt for each activity.• Make sure to instruct your patients for each activity.• Document each activity.• Score according to the prompts for each activity. If the patient falls short of achieving a certain objective, score them accordingly. For example, to score a 3 or 4, the patient must sit with their eyes closed for 30 seconds. They get a 3 if they are supervised or required support, or 4 if unsupervised. If they fail and only get 27 seconds, you score them a 2.• Prompts vary per item, so follow their respective prompts.• For each activity, you need to remind the patient to maintain their balance.	
1. Sitting unsupported (eyes open)	
Instructions: Please sit with your arms folded for 60 seconds. (Ensure patient's feet are in a weight-bearing position).	
Scoring:	
4: Able to sit safely and securely for 60 seconds.	
3: Able to sit for 60 seconds under supervision.	
2: Able to sit for 30 seconds.	
1: Able to sit for 10 seconds.	
0: Unable to sit unsupported for 10 seconds.	

2. Sitting unsupported (eyes closed)

Instructions: Please sit with your eyes closed for 30 seconds. (Ensure patient's feet are in a weight-bearing position)

Scoring:

4: Able to sit safely and securely for 30 seconds.

3: Able to sit for 30 seconds under supervision.

2: Able to sit for 10 seconds.

1: Able to sit for 3 seconds.

0: Unable to sit unsupported for 3 seconds.

3. Sitting unsupported with arms as levers

Instructions: Please lift this 2 lb. cuff weight out in front of you with your arm straight. (Starting position: hands in lap; if hemiplegic, use the unaffected arm).

Scoring:

4: Able to sit while lifting a 2-lb weight to 90° shoulder flexion.

3: Able to sit while lifting one arm to 90° shoulder flexion.

2: Able to sit with hands folded across the chest.

1: Able to sit with hands in lap.

0: Hands at sides on the support surface.

4. Reaching forward with outstretched arm while sitting

Instructions: Reach forward and touch this pen. (Patient makes a fist and extends the arm forward to shoulder height; use a 12-inch ruler to measure reach).

Scoring:

4: Can reach forward >10 inches without losing balance.

3: Can reach forward >5 inches.

2: Can reach forward >2 inches.

1: Reaches forward but needs supervision.

0: Loses balance while trying/requires external support.

5. Pick up an object from the floor while sitting unsupported

Instructions: Pick up the slipper placed 3 inches in front of your toes.

Scoring:

4: Able to pick up slipper without losing balance.

3: Able to pick up slipper but needs supervision.

2: Unable to pick up slipper but reaches 1-2 inches from it and maintains balance.

1: Unable to pick up and needs supervision.

0: Unable to try/needs assistance to prevent falling.

6. Placing alternate foot on a physician's desk reference (PDR) while sitting unsupported

Instructions: Place each foot alternately on this 3-3.5 inch-high PDR four times.

Scoring:

4: Able to sit independently and complete 8 steps in 20 seconds.

3: Able to complete 8 steps but takes longer than 20 seconds.

2: Completes 4 steps with supervision.

1: Completes >2 steps but needs minimal assistance.

0: Needs assistance to keep from falling/unable to try.

7. Reaching laterally with outstretched arm while sitting unsupported

Instructions: Reach to the side and touch this pen. (Patient makes a fist, extends the arm laterally to shoulder height; use a 12-inch ruler to measure reach).

Scoring:

4: Can reach laterally >10 inches confidently.

3: Can reach laterally >5 inches.

2: Can reach laterally >2 inches.

1: Reaches laterally but needs supervision.

0: Loses balance while trying/requires external support.

8. Turning to look behind over left and right shoulders while sitting

Instructions: Turn to look directly behind you over your left shoulder, then your right.

Scoring:

4: Looks behind from both sides while shifting weight appropriately.

3: Looks behind on one side with less weight shift on the other.

2: Turns sideways but maintains balance.

1: Needs supervision while turning.

0: Needs assistance to prevent loss of balance or falling.

9. Lateral bend to elbow in sitting

Instructions: Bend sideways to touch your left elbow to the clipboard level with the sitting surface, then return to an upright position. Repeat on the right side.

Scoring:

4: Performs the motion smoothly bilaterally.

3: Performs 2/3 of the motion or has difficulty returning upright on one/both sides.

2: Performs 1/3 of the motion or only performs unilaterally.

1: Initiates the motion but needs assistance.

0: Unable to complete the motion.

10. Sit-to-stand transfers

Instructions: Please stand up without using your hands.

Scoring:

4: Able to transfer safely with minimal use of hands.

3: Able to transfer with verbal cues or supervision.

2: Able to transfer with assistance from one person.

1: Needs assistance from two people.

0: Unable to transfer or needs a lift.

11. Pick up an object from the floor while sitting unsupported on foam

Instructions: Pick up the slipper placed 3 inches in front of your toes while seated on a 15"x15"x5" foam pad.

Scoring:

4: Able to pick up the slipper safely.

3: Able to pick up the slipper but needs supervision.

2: Unable to pick up the slipper but reaches 1-2 inches from it and maintains balance

1: Unable to pick up and needs supervision.

0: Unable to try/needs assistance to prevent falling.

Total score: /44

Scoring and interpretation

The Sitting Balance Scale employs a 5-point ordinal scale to assess an individual's sitting balance and function. For each item on the scale, scores range from 0 to 4, with 0 indicating the lowest level of function and 4 representing the highest level of function. The total possible score on the Sitting Balance Scale is 44 points.

The following scores also denote the following interpretations:

- Scores closer to 44 indicate better sitting balance and function.
- Scores below 34 may suggest significant balance impairment and an increased risk of falls.

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