

# Tinetti Balance Test

Patient Name:

Date of Birth:

Evaluator's Name:

Date of Test:

## Balance Test

**Instruction: Make sure that the patient is seated on a sturdy armless chair**

ITEM	SCORE
<b>Sitting Balance</b>	<input type="checkbox"/> 0 = Leans or slides in chair <input type="checkbox"/> 1 = Steady, safe
<b>Rises from Chair</b>	<input type="checkbox"/> 0 = Unable to without help <input type="checkbox"/> 1 = Able, uses arms to help <input type="checkbox"/> 2 = Able, without use of arms
<b>Attempts to Rise</b>	<input type="checkbox"/> 0 = Unable to without help <input type="checkbox"/> 1 = Able, but requires more than 1 attempt <input type="checkbox"/> 2 = Able to rise in 1 attempt
<b>Immediate Standing Balance (first 5 seconds)</b>	<input type="checkbox"/> 0 = Unsteady (staggers, moves feet, trunk sway) <input type="checkbox"/> 1 = Steady but uses walker or other support <input type="checkbox"/> 2 = Steady without walker or other support
<b>Standing Balance</b>	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady but wide stance and uses support <input type="checkbox"/> 2 = Narrow stance without support
<b>Nudged (with patient's eyes open)</b>	<input type="checkbox"/> 0 = Begins to fall <input type="checkbox"/> 1 = Staggers, grabs, catches self <input type="checkbox"/> 2 = Steady
<b>Nudged (with patient's eyes closed)</b>	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady
<b>Turning 360 Degrees</b>	<input type="checkbox"/> 0 = Discontinuous steps <input type="checkbox"/> 1 = Continuous steps
	<input type="checkbox"/> 0 = Unsteady (grabs, staggers) <input type="checkbox"/> 1 = Steady
<b>Sitting Down</b>	<input type="checkbox"/> 0 = Unsafe (misjudged distance, falls into chair) <input type="checkbox"/> 1 = Uses arms or not a smooth motion <input type="checkbox"/> 2 = Safe, smooth motion

**TOTAL BALANCE SCORE:**  /16

## Gait Test

**Instruction: The patient will walk across the room (walking aids are allowed) for 15 meters, first at the usual pace, then at a rapid pace going back.**

ITEM	SCORE
<b>Indication of Gait (immediately after told to 'go'.)</b>	<input type="checkbox"/> 0 = Any hesitancy or multiple attempts <input type="checkbox"/> 1 = No hesitancy
<b>Step Length and Height</b> (Select 2 if applicable.)	<input type="checkbox"/> 0 = Step to <input type="checkbox"/> 1 = Step through right <input type="checkbox"/> 1 = Step through left
<b>Foot Clearance</b> (Select 2 if applicable.)	<input type="checkbox"/> 0 = Foot drop <input type="checkbox"/> 1 = Left foot clears the floor <input type="checkbox"/> 1 = Right foot clears the floor
<b>Step Symmetry</b>	<input type="checkbox"/> 0 = Right and left step length not equal <input type="checkbox"/> 1 = Right and left step length appear equal
<b>Step Continuity</b>	<input type="checkbox"/> 0 = Stopping or discontinuity between steps <input type="checkbox"/> 1 = Steps appear continuous
<b>Path</b>	<input type="checkbox"/> 0 = Marked deviation <input type="checkbox"/> 1 = Mild/moderate deviation or uses walking aid <input type="checkbox"/> 2 = Straight without walking aid
<b>Trunk</b>	<input type="checkbox"/> 0 = Marked sway or uses walking aid <input type="checkbox"/> 1 = No sway, flexes knees/back/uses arms to balance <input type="checkbox"/> 2 = No sway, no flexion of knees or back use of arms, or walking aid
<b>Walking Time</b>	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady

**TOTAL GAIT SCORE:**  /12

## Score Interpretation

**TOTAL SCORE (BALANCE + GAIT):**  /28

SCORE RANGE	DESIGNATION
<b>18 or below</b>	<b>High Risk of Falling</b>
<b>19 - 23</b>	<b>Moderate Risk of Falling</b>
<b>24 or above</b>	<b>Low Risk of Falling</b>