

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
Sitting Balance	<input type="checkbox"/> 0 = Leans or slides in chair <input type="checkbox"/> 1 = Steady, safe
Rises from chair	<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
Attempts to rise	<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
Immediate standing balance (first 5 seconds)	<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
Standing balance	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady but wide stance and uses support <input type="checkbox"/> 2 = Narrow stance without support
Nudged (with patient's eyes open)	<input type="checkbox"/> 0 = Begins to fall <input type="checkbox"/> 1 = Staggers, grabs, catches self <input type="checkbox"/> 2 = Steady
Nudged (with patient's eyes closed)	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady
Turning 360 degrees	<input type="checkbox"/> 0 = Discontinuous steps <input type="checkbox"/> 1 = Continuous steps <input type="checkbox"/> 0 = Unsteady (grabs, staggers) <input type="checkbox"/> 1 = Steady
Sitting down	<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
Indication of gait (immediately after told to 'go'.)	<input type="checkbox"/> 0 = Any hesitancy or multiple attempts <input type="checkbox"/> 1 = No hesitancy
Step length and height (Select 2 if applicable)	<input type="checkbox"/> 0 = Step to <input type="checkbox"/> 1 = Step through right <input type="checkbox"/> 1 = Step through left
Foot clearance (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
Step symmetry	<input type="checkbox"/> 0 = Right and left step length not equal <input type="checkbox"/> 1 = Right and left step length appear equal
Step continuity	<input type="checkbox"/> 0 = Stopping or discontinuity between steps <input type="checkbox"/> 1 = Steps appear continuous
Path	<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
Trunk	<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
Walking time	<input type="checkbox"/> 0 = Unsteady <input type="checkbox"/> 1 = Steady

TOTAL GAIT SCORE: /12

Score Interpretation

TOTAL SCORE (BALANCE + GAIT): /28

SCORE RANGE	DESIGNATION
18 or below	High risk of falling
19 - 23	Moderate risk of falling
24 or above	Low risk of falling