

D R . D A W N T H O M A S

ASSESSMENTS &
FUNCTIONAL OUTCOME
MEASURES

for the

BETTER BALANCE

Workbook



CONTENTS

FUNCTIONAL REACH TEST	3
-----------------------	---

THE HEALTH-RELATED QUALITY OF LIFE (HRQOL) QUESTIONNAIRE	5
--	---

FUNCTIONAL GAIT ASSESSMENT	6
----------------------------	---

TIMED UP AND GO (TUG)	11
-----------------------	----

BERG BALANCE SCALE (BBS)	12
--------------------------	----

FUNCTIONAL REACH TEST

The Functional Reach Test (FRT) is a quick, reliable, and evidence-based screening tool used to assess balance, stability, and fall risk, particularly in older adults and individuals with neurological or musculoskeletal conditions.

By measuring how far a person can reach forward beyond arm’s length while maintaining a fixed base of support, the FRT provides valuable insight into dynamic balance control and postural stability—key components in daily function and fall prevention. It is especially useful in identifying individuals who may appear stable while static but have impaired ability to respond to perturbations or perform tasks involving weight shifts, such as reaching, bending, or transitioning between positions.

Due to its simplicity, minimal equipment requirement, and strong predictive value for fall risk, the Functional Reach Test remains a relevant and widely used tool in clinical settings, wellness screenings, and research.

Normative values vary by age and sex, and they help clinicians determine whether a person is within a typical range or at increased risk for falls.

Age related norms for the functional reach test:

AGE (In years)	MEN (In inches)	WOMEN (In inches)
20-40	14.8 - 18.6	12.4 - 16.8
41-69	12.7 - 17.1	11.6 - 16
70-87	11.6 - 14.8	7 - 14

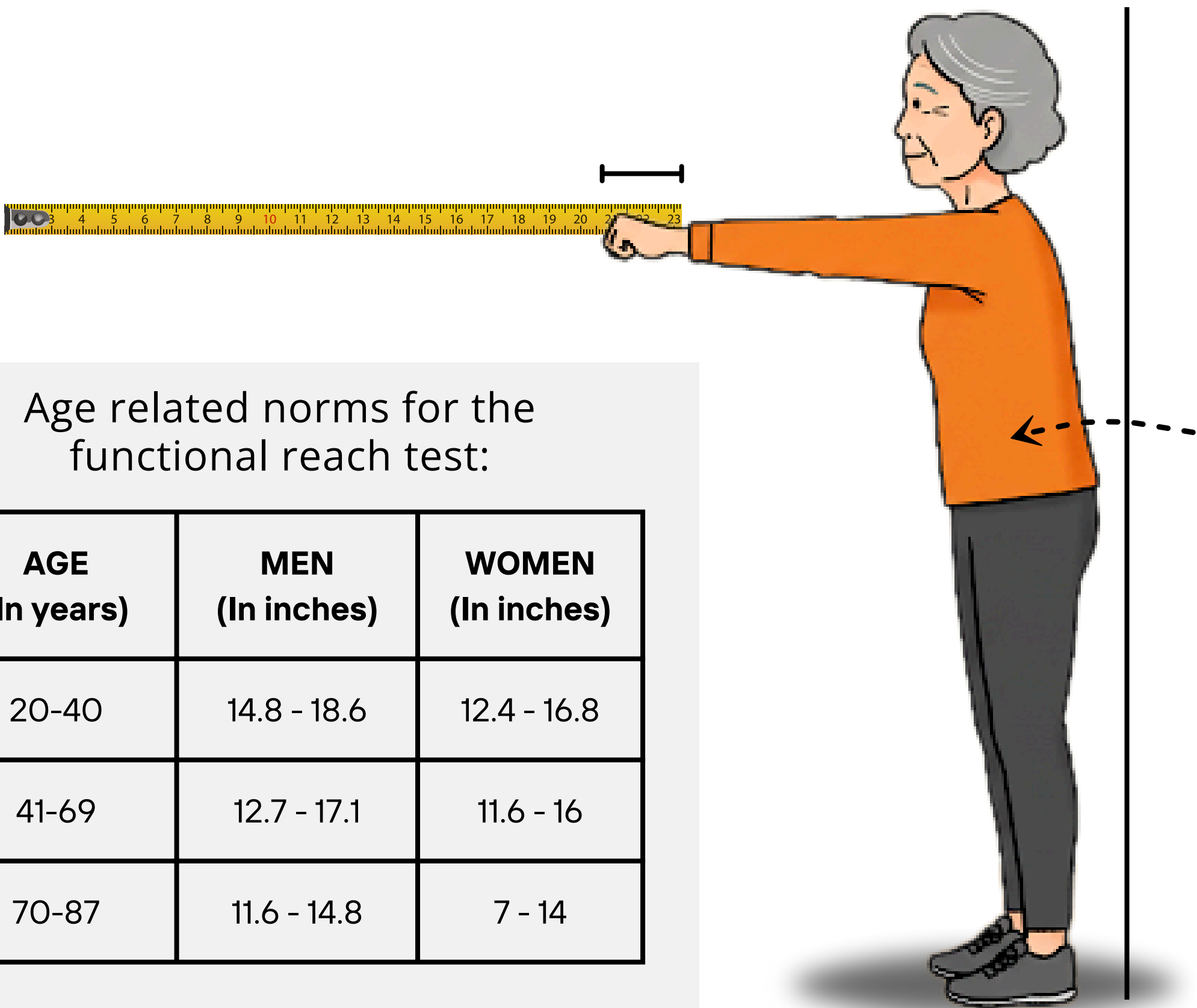
These thresholds are widely accepted in clinical settings, especially for older adults and individuals with neurological conditions (e.g., stroke, Parkinson’s disease).

FUNCTIONAL REACH TEST

Begin by standing next to the wall with feet shoulder distance apart, stand up straight, make a fist and raise the arm up so that it's parallel to the floor. Have a partner mark the wall where the end of your fist lands on the wall. Reach forward without moving your feet. Mark the wall at the farthest point you can reach while maintaining good balance. Measure the distance you reached.

Your goal is to reach farther than 10 inches.
If you can not reach farther than 10 inches you may be at a higher risk for falls.

DATE	INITIAL	REACH	DIFFERENCE



Age related norms for the functional reach test:

AGE (In years)	MEN (In inches)	WOMEN (In inches)
20-40	14.8 - 18.6	12.4 - 16.8
41-69	12.7 - 17.1	11.6 - 16
70-87	11.6 - 14.8	7 - 14

HEALTH-RELATED QUALITY OF LIFE QUESTIONNAIRE

The Health-Related Quality of Life (HRQoL) questionnaire is a valuable tool used in healthcare to evaluate how a person’s health status affects their overall well-being and ability to function in daily life. The questionnaire can help uncover what you value or are affected by most (e.g., pain, fatigue, mobility, mental health).

It can also help clinicians such as physical therapist develop personalized care plans and rehabilitation goals. Over time, it can be used to monitor changes in quality of life before, during, and after treatment (or in this case, working through the workbook!) Finally, it highlights areas of improvement or decline, even if clinical measures remain unchanged.

1. In general, would you say your health is:

☐1 Excellent☐2 Very good☐3 Good☐4 Fair☐5 Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Climbing several flights of stairs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
4. Accomplished less than you would like.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Were limited in the kind of work or other activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	YES	NO
6. Accomplished less than you would like.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Did work or activities less carefully than usual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

8. During the **past 4 weeks**, how much did pain interfere with your normal work (including work outside the home and housework)?

☐1 Not at all☐2 A little bit☐3 Moderately☐4 Quite a bit☐5 Extremely

These questions are about how you have been feeling during the **past 4 weeks**.
For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm & peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Have you felt down-hearted and blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

12. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐1 All of the time☐2 Most of the time☐3 Some of the time☐4 A little of the time☐5 None of the time

5

© 2025 DAWN PHYSICAL THERAPY PLLC

FUNCTIONAL GAIT ASSESSMENT

The Functional Gait Assessment (FGA) is a valuable tool that takes about 10-15 minutes and is used to assess postural stability and walking performance during various challenging gait tasks. It looks at how a person walks in situations that mimic daily life—like turning your head while walking, stepping over objects, or walking at different speeds. These are things people do every day, and this test helps us see if you're able to do them safely. If you're feeling off balance or have had a recent fall, the FGA helps us measure how likely you are to fall again.

If you are unable or unsure of doing this on your own, consult a physical therapist to administer the test for you.

Scoring:

Each item is scored on a 4-point ordinal scale ranging from 0-3, with 0 indicating severe impairment and 3 indicating normal ambulation. All items are summed to calculate a total score (max. 30).

3 = normal (no gait or balance impairment, completion of task in a timely manner)

2 = mild impairment

1 = moderate impairment

0 = severe impairment (Cannot perform without assistance, severe gait deviations or imbalance; deviates from walkway, increased time to perform task). Non-ambulatory persons should not attempt the FGA.

Equipment needed:

A friend, family member, or physical therapist to help administer the test
Stopwatch

Measuring device to mark off area

Marked walking area = 20 ft (6 m); width 12 in (30.48 cm)

Obstacle of 9-in height (22.86 cm) using at least two stacked shoeboxes

Set of steps that are 7 ¾ -9 in high with bilateral rails

Notes:

Test may be performed with or without an assistive device as indicated below.

Re-test should be completed using the same device.

Persons who need assistance of another person to walk should not attempt this test.

Retest in the same designated area/environment

When administering walking items, do not walk in front of or directly beside the participant, as this "paces" the patient and can influence the speed they walk. Instead, walk at least a half step behind the patient.

FUNCTIONAL GAIT ASSESSMENT

Item 1: Gait Level Surfaces. Instructions: Walk at your normal speed from here to the next mark (20 ft [6 m])

Item 2: Change in Gait Speed. Instructions: Begin walking at your normal pace (for 5 ft [1.5 m]). When I tell you "go," walk as fast as you can (for 5 ft [1.5 m]). When I tell you "slow," walk as slowly as you can (for 5 ft [1.5 m]).

Item 3: Gait with Horizontal Head Turns. Instructions: Walk from here to the next mark 20 ft (6 m) away. Begin walking at your normal pace. Keep walking straight; after 3 steps, turn your head to the right and keep walking straight while looking to the right. After 3 more steps, turn your head to the left and keep walking straight while looking left. Continuing alternating looking right and left every 3 steps until you have completed 2 repetitions in each direction.

Item 4: Gait with Vertical Head Turns. Instructions: Walk from here to the next mark 20 ft (6 m) away. Begin walking at your normal pace. Keep walking straight; after 3 steps, tip your head up and keep walking straight while looking up. After 3 more steps, turn your head down and keep walking straight while looking down. Continuing alternating looking up and down every 3 steps until you have completed 2 repetitions in each direction.

Item 5: Gait and Pivot Turn. Instructions: Begin with walking at your normal pace. When I tell you, "turn and stop," turn as quickly as you can to face the opposite direction and stop.

Item 6: Step over Obstacle. Instructions: Begin walking at your normal speed. When you come to the shoebox, step over it, not around it, and keep walking.

Item 7: Gait with Narrow Base of Support. Instructions: Walk on the floor with arms folded across the chest, feet aligned heel to toe in tandem for a distance of 12 ft [3.6 m]. The number of steps taken in a straight line are counted for a maximum of 10 steps.

Item 8: Gait with Eyes Closed. Instructions: Walk at your normal speed from here to the next mark (20 ft [6 m]) with your eyes closed. •

Item 9: Ambulating Backwards. Instructions: Walk backwards until I tell you to stop.

Item 10: Steps. Instructions: Walk up these stairs as you would at home (i.e. using the rail if necessary). At the top turn around and walk down.

FUNCTIONAL GAIT ASSESSMENT

Item 1: Gait level Surface

- 3 Normal: Walks 20 ft (6 m) in less than 5.5 seconds, no assistive devices, good speed, no evidence for imbalance, normal gait pattern, deviates no more than 6 in (15.24 cm) outside of the 12-in (30.48-cm) walkway width.
- 2 Mild Impairment: Walks 20 ft (6 m) in less than 7 seconds but greater than 5.5 seconds, uses assistive device, slower speed, mild gait deviations, or deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width.
- 1 Moderate Impairment: Walks 20 ft (6 m); slow speed, abnormal gait pattern, evidence for imbalance, or deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width. Requires more than 7 seconds to ambulate 20 ft (6 m).
- 0 Severe Impairment: Cannot walk 20 ft (6 m) without assistance, severe gait deviations or imbalance, deviates greater than 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width or reaches and touches the wall.

Item 2: Change in Gait Speed

- 3 Normal: Able to smoothly change walking speed without loss of balance or gait deviation. Shows a significant difference in walking speeds between normal, fast, and slow speeds. Deviates no more than 6 in (15.24 cm) outside of the 12-in (30.48-cm) walkway width.
- 2 Mild Impairment: Is able to change speed but demonstrates mild gait deviations, deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width, or no gait deviations but unable to achieve a significant change in velocity, or uses an assistive device.
- 1 Moderate Impairment: Makes only minor adjustments to walking speed, or accomplishes a change in speed with significant gait deviations, deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width, or changes speed but loses balance but is able to recover and continue walking.
- 0 Severe Impairment: Cannot change speeds, deviates greater than 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width, or loses balance and has to reach for wall or be caught.

Item 3: Gait with Horizontal Head Turns

- 3 Normal: Performs head turns smoothly with no change in gait. Deviates no more than 6 in (15.24 cm) outside of the 12-in (30.48-cm) walkway width
- 2 Mild Impairment: Performs head turns smoothly with slight change in gait velocity (eg, minor disruption to smooth gait path), deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width, or uses an assistive device.
- 1 Moderate Impairment: Performs head turns with moderate change in gait velocity, slows down, deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width but recovers, can continue to walk.
- 0 Severe Impairment: Performs task with severe disruption of gait (eg, staggers 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width, loses balance, stops, or reaches for wall)

Item 4: Gait with Vertical Head Turns

- 3 Normal: Performs head turns smoothly with no change in gait. Deviates no more than 6 in (15.24 cm) outside of the 12-in (30.48-cm) walkway width.
- 2 Mild Impairment: Performs task with slight change in gait velocity (eg, minor disruption to smooth gait path), deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width or uses assistive device.
- 1 Moderate Impairment: Performs task with moderate change in gait velocity, slows down, deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width but recovers, can continue to walk.
- 0 Severe Impairment: Performs task with severe disruption of gait (eg, staggers 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width, loses balance, stops, reaches for wall)

FUNCTIONAL GAIT ASSESSMENT

Item 5: Gait with Pivot Turn

- 3 Normal: Pivot turns safely within 3 seconds and stops quickly with no loss of balance.
- 2 Mild Impairment: Pivot turns safely in greater than 3 seconds and stops with no loss of balance, or pivot turns safely within 3 seconds and stops with mild imbalance, requires small steps to catch balance
- 1 Moderate Impairment: Turns slowly, requires verbal cueing, or requires several small steps to catch balance following turn and stop.
- 0 Severe Impairment: Cannot turn safely, requires assistance to turn and stop.

Item 6: Step over Obstacle

- 3 Normal: Is able to step over two stacked shoe boxes taped together (9 in [22.86 cm] total height) without changing gait speed; no evidence of imbalance.
- 2 Mild Impairment: Is able to step over one shoe box (4.5 in [11.43 cm] total height) without changing gait speed; no evidence of imbalance.
- 1 Moderate Impairment: Is able to step over one shoe box (4.5 in [11.43 cm] total height) but must slow down and adjust steps to clear box safely. May require verbal cueing.
- 0 Severe Impairment: Cannot perform without assistance.

Item 7: Gait with Narrow Base of Support

- 3 Normal: Is able to ambulate for 10 steps heel to toe with no staggering.
- 2 Mild Impairment: Ambulates 7-9 steps.
- 1 Moderate Impairment: Ambulates 4-7 steps.
- 0 Severe Impairment: Ambulates less than 4 steps heel to toe or cannot perform without assistance.

Item 8: Gait with Eyes Closed

- 3 Normal: Walks 20 ft (6 m), no assistive devices, good speed, no evidence of imbalance, normal gait pattern, deviates no more than 6 in (15.24 cm) outside of the 12-in (30.48-cm) walkway width. Ambulates 20 ft (6 m) in less than 7 seconds.
- 2 Mild Impairment: Walks 20 ft (6 m), uses assistive device, slower speed, mild gait deviations, deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width. Ambulates 20 ft (6 m) in less than 9 seconds but greater than 7 seconds.
- 1 Moderate Impairment: Walks 20 ft (6 m), slow speed, abnormal gait pattern, evidence for imbalance, deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width. Requires more than 9 seconds to ambulate 20 ft (6 m).
- 0 Severe Impairment: Cannot walk 20 ft (6 m) without assistance, severe gait deviations or imbalance, deviates greater than 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width or will not attempt task.

Item 9: Ambulating Backwards

- 3 Normal: Walks 20 ft (6 m), no assistive devices, good speed, no evidence for imbalance, normal gait pattern, deviates no more than 6 in (15.24 cm) outside the 12-in (30.48-cm) walkway width.
- 2 Mild Impairment: Walks 20 ft (6 m), uses assistive device, slower speed, mild gait deviations, deviates 6-10 in (15.24-25.4 cm) outside of the 12-in (30.48-cm) walkway width.
- 1 Moderate Impairment: Walks 20 ft (6 m), slow speed, abnormal gait pattern, evidence for imbalance, deviates 10-15 in (25.4-38.1 cm) outside of the 12-in (30.48-cm) walkway width.
- 0 Severe Impairment: Cannot walk 20 ft (6 m) without assistance, severe gait deviations or imbalance, deviates greater than 15 in (38.1 cm) outside of the 12-in (30.48-cm) walkway width or will not attempt task.

FUNCTIONAL GAIT ASSESSMENT

Item 10: Steps

- 3 Normal: Alternating feet, no rail.
- 2 Mild Impairment: Alternating feet, must use rail.
- 1 Moderate Impairment: Two feet to a stair, must use rail.
- 0 Severe Impairment: Cannot do safely.

TIMED UP AND GO

The Timed Up and Go (TUG)

This test is a widely used functional outcome measure that assesses a person's mobility, balance, and risk of falls, functional independence and the ability to perform daily activities safely.

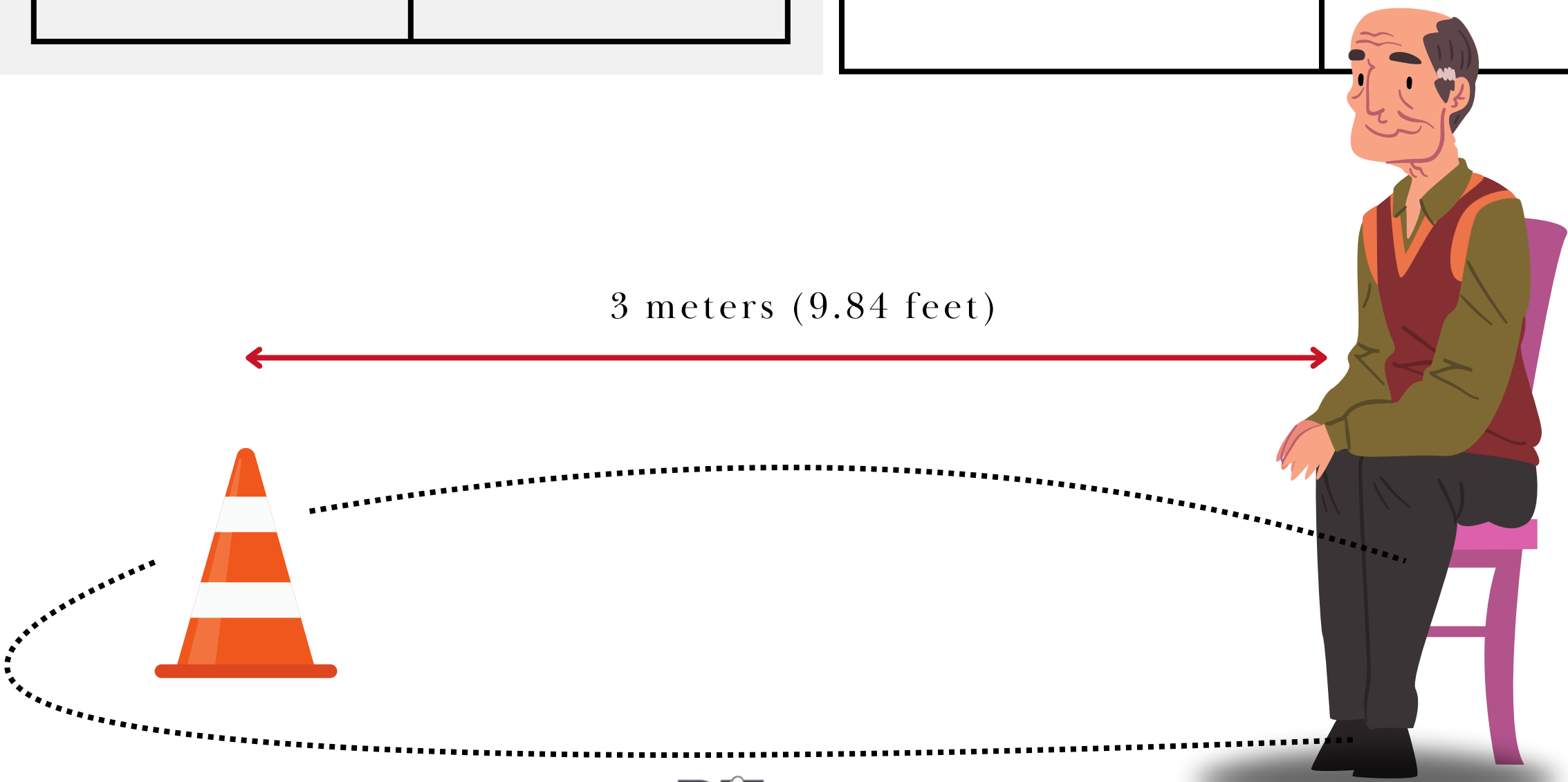
Your Goal is to score less than 13 seconds. If you score higher than 13 seconds you may have a higher fall risk.

INSTRUCTIONS: Place a cone, shoe, or other small item 3 meters (9.84 feet) from a chair. Record how long it takes for you to rise from the chair, walk around the cone, and sit back down. Begin timing upon attempting to stand up and stop timing once your back touches the back of the chair.

Normative data for the TUG

AGE (In years)	Time (In seconds)
40 - 49	7.1
50 - 59	7.5
60 - 69	8.1
70 - 79	9.2
80 - 89	11.3

DATE	TIME



BERG BALANCE SCALE

The Berg Balance Scale (BBS) is a standardized clinical tool used by physical therapists and other healthcare professionals to assess a person's static and dynamic balance abilities. It consists of 14 functional tasks, such as standing from a seated position, reaching forward, turning, and standing on one leg. Each task is scored on a 5-point scale (0–4), with a maximum possible score of 56.

To administer the BERG, you will need:

- Standard chair with armrests – used for sitting and transfer tasks
- Standard chair without armrests – used to assess sitting and standing transitions
- Stopwatch or timer – to time specific tasks like one-leg stance and standing with eyes closed
- Ruler or measuring tape – to measure distance in the forward-reaching task
- Step or stool (approximately 6–8 inches high) – for the alternate foot placement task
- Small object (such as a shoe or slipper) – placed on the floor for the object-pickup task
- Marker or tape line (optional) – to mark foot positions or reach distances for consistency

Benefits include:

- **Standardized & Evidence-Based:** Backed by research, the BBS offers consistent, objective measurement across therapists and settings.
- **Sensitive to Change:** Detects meaningful changes in balance ability, making it ideal for tracking rehabilitation progress.
- **Time-Efficient:** Takes approximately 15–20 minutes to administer with minimal equipment (e.g., chair, stopwatch, small object).
- **Safe & Functional:** Tasks mimic real-life movements, making the results clinically relevant and safe for most ambulatory patients.
- **Predictive Value:** A total score under 45 generally indicates an increased fall risk, providing useful thresholds for clinical decision-making.

BERG BALANCE SCALE

The Berg Balance Scale (BBS)

This test is used to objectively determine a patient's ability (or inability) to safely balance during a series of functional tasks. It is a 14 item list with each item consisting of a five-point scale ranging from 0 to 4, with 0 indicating the lowest level of function and 4 the highest level of function.

1. Sitting to Standing

Instructions: Please stand up. Try not to use your hands for support.

Scoring:

- 4 – Able to stand without using hands and stabilize independently
- 3 – Able to stand independently using hands
- 2 – Able to stand using hands after several tries
- 1 – Needs minimal aid to stand or to stabilize
- 0 – Needs moderate or maximal assist to stand

2. Standing Unsupported

Instructions: Please stand for two minutes without holding.

Scoring:

- 4 – Able to stand safely 2 minutes
- 3 – Able to stand 2 minutes with supervision
- 2 – Able to stand 30 seconds unsupported
- 1 – Needs several tries to stand 30 seconds unsupported
- 0 – Unable to stand 30 seconds unassisted

3. Sitting Unsupported (feet supported on floor or stool)

Instructions: Please sit with arms folded for 2 minutes.

Scoring:

- 4 – Able to sit safely and securely for 2 minutes
- 3 – Able to sit 2 minutes under supervision
- 2 – Able to sit 30 seconds
- 1 – Able to sit 10 seconds
- 0 – Unable to sit without support 10 seconds

4. Standing to Sitting

Instructions: Please sit down.

Scoring:

- 4 – Sits safely with minimal use of hands
- 3 – Controls descent by using hands
- 2 – Uses back of legs against chair to control descent
- 1 – Sits independently but has uncontrolled descent
- 0 – Needs assistance to sit

5. Transfers

Instructions: Transfer toward a seat without armrests (may use two chairs or a bed and a chair).

Scoring:

- 4 – Able to transfer safely with minor use of hands
- 3 – Able to transfer safely, definite need of hands
- 2 – Able to transfer with verbal cueing and/or supervision
- 1 – Needs one person to assist
- 0 – Needs two people to assist or supervise to be safe

BERG BALANCE SCALE

6. **Standing Unsupported with Eyes Closed**

Instructions: Please close your eyes and stand still for 10 seconds.

Scoring:

- 4 – Able to stand 10 seconds safely
- 3 – Able to stand 10 seconds with supervision
- 2 – Able to stand 3 seconds
- 1 – Unable to keep eyes closed 3 seconds but stays steady
- 0 – Needs help to keep from falling

7. **Standing Unsupported with Feet Together**

Instructions: Place your feet close together and stand without holding.

Scoring:

- 4 – Able to place feet together independently and stand 1 minute safely
- 3 – Able to place feet together and stand 1 minute with supervision
- 2 – Able to place feet together but cannot hold 30 seconds
- 1 – Needs help to attain position, stands 15 seconds
- 0 – Needs help to attain position and cannot hold 15 seconds

8. **Reaching Forward with Outstretched Arm While Standing**

Instructions: Lift arm to 90°, stretch out fingers and reach forward as far as you can.

Scoring:

- 4 – Can reach forward confidently > 25 cm
- 3 – Can reach forward > 12 cm
- 2 – Can reach forward > 5 cm
- 1 – Reaches forward but needs supervision
- 0 – Loses balance while trying/requires external support

9. **Pick Up Object from Floor from a Standing Position**

Instructions: Pick up a shoe/slipper placed in front of your feet.

Scoring:

- 4 – Able to pick up slipper safely and easily
- 3 – Able to pick up slipper but needs supervision
- 2 – Cannot pick up but reaches within 2–5 cm and maintains balance
- 1 – Unable to pick up and needs supervision
- 0 – Unable to try or needs assist to avoid losing balance/falling

10. **Turning to Look Behind Over Left and Right Shoulders While Standing**

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

Scoring:

- 4 – Looks behind both sides, weight shifts well
- 3 – Looks behind one side, less shift to the other
- 2 – Turns sideways only, maintains balance
- 1 – Needs supervision while turning
- 0 – Needs assist to avoid losing balance/falling

BERG BALANCE SCALE

11. Turn 360°

Instructions: Turn completely around in one direction, pause, then turn in the opposite direction.

Scoring:

- 4 – Able to turn 360° safely in 4 seconds or less
- 3 – Able to turn 360° safely one side in 4 seconds
- 2 – Able to turn 360° safely but slowly
- 1 – Needs close supervision or verbal cues
- 0 – Needs assistance while turning

12. Placing Alternate Foot on Step While Standing Unsupported

Instructions: Alternate each foot onto the step until each foot touches it four times.

Scoring:

- 4 – Stands alone and completes 8 steps in 20 seconds
- 3 – Stands alone and completes 8 steps > 20 seconds
- 2 – Does 4 steps without aid, with supervision
- 1 – Completes > 2 steps, needs minimal assist
- 0 – Needs assistance to try or prevent fall

13. Standing Unsupported One Foot in Front (Tandem Stance)

Instructions: Place one foot directly in front of the other (heel-to-toe or slightly forward).

Scoring:

- 4 – Places foot tandem alone and holds 30 seconds
- 3 – Places foot ahead of other and holds 30 seconds
- 2 – Takes small step and holds 30 seconds
- 1 – Needs help to step, holds 15 seconds
- 0 – Loses balance while stepping or standing

14. Standing on One Leg

Instructions: Stand on one leg as long as possible without holding.

Scoring:

- 4 – Lifts leg and holds > 10 seconds
- 3 – Lifts leg and holds 5–10 seconds
- 2 – Lifts leg and holds ≥ 3 seconds
- 1 – Tries to lift leg, unable to hold 3 seconds but remains standing
- 0 – Unable to try or needs assist to prevent fall

TOTAL SCORE: _____ / 56