

Berg Balance Scale (BBS)

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Equipment Needed:

- Stopwatch
- Standard height chair (18-20 inches) with arm rests
- Standard height chair (18-20 inches) without arm rests
- Step or stool of average height (7.75 9 inches)
- Ruler
- Slipper or shoe

Overview:

The BBS is a widely-used, clinician-rated scale used to assess sitting, standing, and static and dynamic balance. It consists of 14 functional balance items that focus on the ability to maintain a position and perform postural adjustments to complete functional movements.

Scoring:

- Each item is scored on a 5-point ordinal scale ranging from 0 to 4, with 0 indicating an inability to complete the task entirely and 4 indicating an ability to complete the task criterion.
- Items are scored relative to time, level of independence, or supervision required. Points are deducted for requiring supervision, assistance, and/or taking more than the allotted time to complete the task. The lowest category that applies should be marked.
- Supervision is required in the event of excessive sway or safety concerns.

1. Sitting to standing

Instructions for clinician: Patient is seated in a free standing, standard height chair (18-20 inches) with arm rests. **Instructions for patient:** Please stand up, trying not to use your hands for support.

Score	Description
4	Able to stand without using hands, stabilizes 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 for clinician: Patient stands on a solid surface with feet shoulder-width apart. Examiner holds a stopwatch. **Instructions for patient:** Please stand for 2 minutes without holding onto anything.

Score	Description
4	Able to stand safely for 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 unsupported

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3. Sitting with back unsupported

Instructions for clinician: Patient is seated, back unsupported but feet supported on floor or a stool. Examiner has stopwatch in hand. **Instructions for patient:** Please sit with arms folded for 2 minutes.

Score	Description
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 for clinician: Patient stands in front of a chair with arm rests. **Instructions for patient:** Please sit down.

Score	Description
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 for clinician: Arrange two chairs at approximately 90 degrees for a pivot transfer. You may use two chairs (one with arm rests and one without) or a bed and a chair with arm rests. Ensure that the patient will transfer both directions and that they will be transferring from one surface without arm rests and one surface with arm rests.

Instructions for patient: Please transfer from this chair with armrests to that chair/bed without armrests and back again.

Score	Description
4	Able to transfer safely with minor use of hands
3	Able to transfer safely with definite need of hands
2	Able to transfer with verbal cueing and/or supervision
1	Needs one person assist
0	Needs two person assistance or supervision for safety

6. Standing unsupported with eyes closed

Instructions for clinician: Patient stands upright while examiner holds stopwatch. **Instructions for patient:** Please close your eyes and stand still for 10 seconds.

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Score	Description
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 safely
0	Needs help to keep from falling

7. Standing unsupported with feet together

Instructions for clinician: Patient stands with feet together while examiner holds stopwatch. **Instructions for patient:** Place your feet together and stand without holding onto anything.

Score	Description
4	Able to place feet together independently and stand 1 minute safely
3	Able to place feet together independently and stand 1 minute with supervision
2	Able to place feet together independently but unable to hold for 30 seconds
1	Needs help to attain position but able to stand with feet together for 15 seconds
0	Needs help to attain position and unable to hold 15 seconds

8. Reaching forward with outstretched arm while standing

Instructions for clinician: Patient stands with both arms lifted lifted to 90 degrees of shoulder flexion with fingers extended. If the patient has a shoulder impairment limiting the ability to lift arms symmetrically, use only the arm that can be lifted to 90 degrees easily and painlessly. Examiner is holding a ruler at the end of the fingertips. If the patient is unable to extend fingers, utilize the metacarpophalangeal (MCP) joint instead of the fingertips. Fingers are not touching the ruler at any point during the test. Both arms are utilized by the patient to avoid trunk rotation during the forward reach. If one arm is utilized, provide verbal cueing to the patient to limit trunk rotation. Examiner measures how far the patient can reach in the most forward lean position without trunk rotation or losing balance.

Instructions for patient: Lift your arm(s) straight out. Stretch out your fingers and then reach forward as far as you can.

Score	Description
4	Can reach forward confidently 25 cm. (10 inches)
3	Can reach forward 12 cm. safely (5 inches)
2	Can reach forward 5 cm. safely (2 inches)
1	Reaches forward but needs supervision
0	Loses balance while trying/requires external support

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9. Pick up object from the floor from a standing position

Instructions for clinician: With the patient standing upright, place a slipper or shoe in front of the patient, close to their feet. The patient should be able to bend and easily reach the slipper. This is not a test for forward reach or limits of stability. Do not substitute with any object that is shorter or taller than a slipper toe box or shoe as this will make the subject bend lower or not as far as intended for this criteria. Examiner pays attention to how close the patient is able to get to the object. Examiner also ensures that the patient is not using the back of the legs against a bed or chair during the reach.

Instructions for patient: Pick up the shoe/slipper which is placed in front of your feet.

Score	Description
4	Able to pick up slipper safely and easily
3	Able to pick up slipper but needs supervision
2	Unable to pick up but reaches 2-5 cm. (1-2 inches) from slipper and keeps balance independently
1	Unable to pick up and needs supervision while trying
0	Unable to try/needs assist to keep from losing balance or falling

10. Turning to look over left and right shoulders

Instructions for clinician: With patient standing upright, stand in front of the patient to accurately assess rotation and weight shift. Examiner may pick an object to look at directly behind the subject to encourage a better twist. Assess the amount of trunk rotation and weight shift.

Instructions for patient: Turn to look directly behind you over your left shoulder. Repeat to the right

Score	Description
4	Looks behind from both sides and weight shifts evenly
3	Looks only to one side while other side shows less weight shift
2	Turns sideways only but maintains balance
1	Needs supervision when turning
0	Needs assist to keep from losing balance or falling

11. Turn 360 degrees

Instructions for clinician: Patient is standing quietly. Examiner has stopwatch in hand. Examiner times the time it takes to complete each full turn.

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Instructions for patient: Turn completely around in a full circle. Pause. Then turn a full circle in the other direction.

Score	Description
4	Able to turn 360 degrees safely in 4 seconds or less
3	Able to turn 360 degrees safely in 4 seconds or less on one side only
2	Able to turn 360 degrees safely but slowly
1	Needs close supervision or verbal cueing
0	Needs assistance while turning

12. Placing alternate foot on step or stool while standing unsupported

Instructions for clinician: With patient standing upright, place a 7¾ - 9-inch step stool in front of the patient (or, if patient is able to, have patient stand in front of a flight of steps. Stand close by to provide assistance if needed. Using a stopwatch, time how long it takes to complete task.

Instructions for patient: Place each foot alternately on the step/stool. Continue until each foot has touched the step/stool 4 times.

Score	Description
4	Able to stand independently and safely and complete 8 steps in 20 seconds
3	Able to stand independently and complete 8 steps in > 20 seconds
2	Able to complete 4 steps with supervision but without aid
1	Able to complete >2 steps with assistance
0	Needs assistance to keep from falling/unable to try

13. Standing unsupported with one foot in front

Instructions for clinician: Patient stands upright. With a stopwatch at hand, guide patient through the instructions below. **Instructions for patient:** Place one foot directly in front of the other. If you feel that you cannot place your foot directly in front, try to step far enough ahead that the heel of your forward foot is ahead of the toes of the other foot. To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should approximate the subject's normal stride width.

Score	Description
4	Able to place foot independently and hold 30 seconds
3	Able to place foot ahead of other independently and hold 30 seconds (Foot must completely pass the other foot, and step width should be no wider than shoulders)
2	Able to take small step independently and hold 30 seconds
1	Needs help to step but can hold 15 seconds
0	Loses balance while stepping or standing

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14. Standing on one leg

Instructions for clinician: With patient standing upright and a stopwatch at hand, guide patient through the instructions below. **Instructions for patient:** Stand on one leg as long as you can without holding on with your hands. Do not let your lifted leg touch your standing leg.

Score	Description
4	Able to lift leg independently and hold >10 seconds
3	Able to lift leg independently and hold 5-10 seconds
2	Able to lift leg independently and hold ≥3 seconds
1	Unable to hold lifted leg 3 seconds but remains standing independently
0	Unable to try or needs assist to prevent fall

Additional Recommendations

- To track change, it is recommended that this measure is administered a minimum of two times (admission and discharge), and when feasible, between these periods, under the same test conditions for the patient.
- Review this standardized procedure annually to establish consistency among those using the tool.

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