

Simple Balance Tests (Readily tested in the clinic)

Balance Test	Procedure	Mean Value (range)	Cutoff/ Risk Value	Sensitivity, Specificity for fall prediction	Pros	Cons
Functional Reach Test ¹⁰	Individual is asked to reach forward farther than arm's length without changing the base of support in standing, 1-2 minutes to complete.	13.2": older M 10.5": older F living in community	<7 inches Predicting falls in older adults	73%/88.5%, others report inconsistent results	Can be done in a small room	Only assessing static balance
Short Physical Performance Battery (SPPB) ¹¹	Balance, Gait Speed, Chair Stand Tests Measures lower extremity function Score range 0-12 (higher score is better balance)	11-12: healthy elderly 10: 4x risk for mobility disability	Risk of falls in older adults <7: x3 7-9: x2	81%/52% for frailty in older adults ¹²	Separate component of mobility can be tested.	Space to perform walking (4m)
Timed Up and Go test (TUG) ¹³	Individual stands up from an arm chair, walks a distance of 3 m, turns, walks back, and sits down again in the chair (higher score indicating worse balance)	7-11: older M 7-12: older F living in community	>13.5 sec in older adults for fall risk	87%/87% for falls in older adults ¹⁴	Dynamic balance	Space to perform TUG

Detailed Balance Test

Berg Balance Scale ¹⁵	14 items with each item scoring from 0 to 4 (total score	50-55 for living in community	<45-49: high risk for falls	53%/96% for falls in older adults	High specificity	>15-20 min to perform, low
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	range 0-56), higher score indicating better balance)				Dynamic balance	sensitivity for fall prediction
Performance Oriented Mobility Assessment (POMA) Scale by Tinetti ¹⁶	Total score range 0-28 (higher score is better balance), consisting of POMA-balance subscale POMA-gait subscale	25-27: 65-79 of age	<19: high risk of falling 10-11: POMA-B	20-68%/ 63-95%	No better than the simple test in discriminating fallers	Time consuming (15 min to complete)