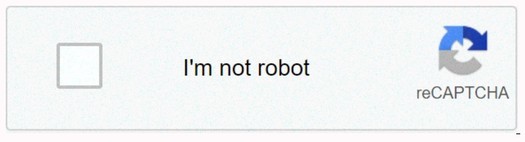


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# Berg balance test pdf

ScaleSynonymsBBSPurposetest Balance Berg Balance is a static and dynamic balance abilities of a person's Scale of Berg Balance (or BBS) is a clinical trial widely used static and dynamic balance abilities of a person,[1] named after Katherine Berg, one of the developers. [2] For functional balance testing, BBS is usually considered a gold standard. [3] The test took 15-20 minutes and consisted of a set of 14 tasks related to a simple balance, from standing from a sitting position, standing on one leg. The level of success in achieving each task is given a zero score (incapable) to four (independent), and the final step is the total of all scores. [5] BBS has proven to have an excellent interval (ICC = 0.98) and relative reliability of intra-rater (ICC = 0.97), with absolute reliability that varies between 2.8/56 and 6.6/56, with lower reliability near mid-scale,[6] and internal consistency (0.96). [2] The BBS associates with satisfactory laboratory measures, including postal routes, and has good simultaneous criteria, forecast criteria, and constructive authenticity. [7] Great evidence suggests that BBS is also a legitimate measure of standing balance in post-stroke patients, but only for those who are ambulate independently, because of the tasks required by the patient. [8] The BBS was recently identified as the most commonly used assessment tool across the continuation of stroke recovery and it is considered a strong measure of balance impairment. [1] The BBS was strongly established as legitimate and reliable but there are still a number of factors that may indicate that BBS should be used in conjunction with other balance measures. [1] For example, there are several tasks within the BBS to test a dynamic balance, which may limit its ability to challenge older adults living independently in the community. [3] Effects of the ceiling and floor effects were reported for BBS when used with older living communities. [1] The use of BBS as an outcome measure was affected when participants scored high on the initial attempt. [3] In the initial development of the BBS, the authors noted that the limitations to the scale were the lack of items requiring a posture response to external stimuli or uneven surface support. [2] This suggests that BBS may be better suited to being used with older adults rather than community residents. [3] In addition, the BBS has proven to be a forecaster of a weak fall. [9] The interpretation of the result is:[5] ≤20 wheelchair users >20≤40 run with help >40≤56 independent Alternative, BBS can be used as a multilevel tool, with multiple risks falling below scores of 45 and below 40. [10] In the original study, a 45-point mark was used to mistaking the relative risk budget to indicate the validity of the forecast,[2] and of the 45 have been shown to be suitable cuts for safe free ambulances and the need for aid or supervisory devices. [7] Recent versions of the BBS instrument were proposed to avoid observer bias and to facilitate the assessment of Balance's objectives in the home environment for long-term or periodic monitoring. [11] The Outcome measures of the Berg Balance Scale are used by physiotherapists and occupational therapists to determine the functional mobility of an individual. These tests can be administered before treatment for elderly individuals and patients with history but are not limited to stroke, [1] Multiple sclerosis, Parkinson's disease, Ataxia, vertigo, cardiovascular disease and respiratory disease. The Berg Balance Scale Test can be administered every few months of treatment to determine whether the treatment is effective in improving the mobility of the patient's function (the difference of 8 points is considered a significant change). [12] See also Timed Up and Go test Tinetti Test References ^ a b c e Blum, Lisa; Korner-Bitensky, David (May 2008). Berg Balance Scale Use in Stroke Recovery: Systematic Review. Physical Therapy. 88 (5): 559–566. doi:10.2522/pm.20070205. PMID 18292215. ^ a b d Berg, Katherine; Wood-Dauphinée, Sharon; Williams, J.I.; Gayton, David (1989). Measuring balance in the elderly: the initial development of the instrument. Canadian physiotherapy. 41 (6): 304–311. doi:10.3138/ptc.41.6.304. Archived from the original in 2013-01-28. Reception from 2012-02-12. ^ a b d Langley, F.A. & Mackintosh, S.F.H. (2007). Older community residential functional balance assessment: A systematic review of literature. Journal of Internet Science and Allied Health Practices, 5(4). ^ Balance ScaleBerg (BBS). Association of Civil Physiotherapy. Reception from 2012-02-12. ^ b Berg Balance Scale (PDF). Internet Stroke Center. Reception from 2012-02-12. ^ Downs S, Marquez J, Chiarelli P (2013). The Scale of Berg Balance has a reliability between and between high rates but absolute reliability varies by scale: systematic review. J Physiotherapy. 59 (2): 93–99. doi:10.1016/s1836-9553(13)70161-9. PMID 23663794. ^ b Berg KO, Wood-Dauphinee SL, Williams JI, Maki B (1992). Measuring balance in the elderly: confirmation of the instrument. Can J Public Health. 83 Suppl 2: S7-11. PMID 1468055. ^ Stevenson TJ (2001). Detect changes in patients with strokes using Berg Balance Scale (PDF). Aust J Physiother. 47 (1): 29–38. doi:10.1016/s0004-9514(14)60296-8. PMID 11552860. Archived from the original (PDF) in 2015-05-26. ^ Boulgarides LK, McGinty SM, Willett JA, Barnes CW (April 2003). The use of clinical-based trials and deterioration to predict falls by older adults from the community. Phys Ther. 83 (4): 328–39. doi:10.1093/ptj/83.4.328. PMID 12665404. Archived from the original in 2012-08-08. 2012-05-05. ^ Muir SW, Berg K, Chesworth B, Speechley M (April 2008). Use of the Berg Balance Scale to predict some falls in elderly people living in communities: a prospective study. Phys Ther. 88 (4): 449–59. doi:10.2522/pm.20070251. PMID 18218822. ^ Shahzad, A.; Ko, S.; Lee, S.; Lee, J. A.; Kim, K. (October 2017). Quantitative Assessment of Balance Impairment for Estimated Fall Risk Using Triaxial Accelerometer is applicable. IEEE Sensor Journal. 17 (20): 6743–6751. Bibcode:2017ISenJ.. 17.6743S. doi:10.1109/jsen.2017.2749446. ISSN 1530-437X. ^ Steffen T.M.; Hacker T. A.; Mollinger L. (2002). Age and Gender-Related Test Performance in Community Residential Elders: Six-Minute Walking Test, Berg Balance Scale, Timed Up & Go Testing, and Gait Speed. Journal of Physical Therapy. 82 (2): 128–137. doi:10.1093/ptj/82.2.128. PMID 11856064. Drawn from the scale of Berg is used to objectively determine the patient's ability (or reliability) to safely balance during a series of predetermined tasks. It is a list of 14 items with each item ranging from a five-point ordinal scale between 0 to 4, with 0 showing the lowest level of function and 4 highest functionality levels and taking about 20 minutes to complete. It excludes gait ratings. Elderly residents meant by deterioration of balance, patients with acute stroke (Berg et al 1995, Usuda et al 1998). The Equipment Usage Method requires a payer of 2 standard seats (one with arm breaks, one without) Footstool or step 15 stopwatch or wristwatchThe scale Name: _____Location_____ Rater: _____ITEM SCORE DESCRIPTION (0-4)Sitting stands _____ Stand with legs bersama_____ Turning 360 degrees _____Total_____

When scoring goals, please record the lowest response category charged for each item. In most items, subjects are asked to maintain a certain position for a certain time. Progressively more points are rejected if: time or distance requirements are not met with the supervision of subject performance warrants touching external support or receiving assistance SubjectThe inspectors should understand that they must maintain their balance while trying to try Task. Which leg options to stand or how far to reach are left to the subject. Poor consideration will affect performance and scoring. The equipment required for testing are stopblocks or watches with a second hand, and payers or other indicators 2, 5, and 10 inches. The chair used during testing should be of reasonable height. Either steps or stools the average step height can be applied to items #12. The cut-off score interpretation for the elderly was reported by Berg et al 1992[2] as follows: Score 56 shows a functional balance. Scores & lt; 45 indicates individuals may be at greater risk of falling. It has been reported more recently that in the elderly a 4-point change is needed to be 95% confident that a real change has occurred if the patient scores in 45-56 initially, 5 points if they score goals in 35-44, 7 points if they score goals in 25-34 and, ultimately, 5 points if their initial score is in 0-24 Reliability Studies The evidence of various elderly populations (N = 31-101, 60-90+ years) has shown high intrarater and interrater reliability (ICC =.98,14.15 ratio of diversity among subjects to total = .96–1.0,16 rs =.8817). Reliability of test-retest in 22 people with hemiparesis is also high (ICC [2,1]=.98). Berg K et al (1995) Balance Scale: reliability assessment of the elderly and patients with acute Scandinavian stroke Journal of Rehabilitation Medicine 27, 27-36 Authenticity Content Authenticity BBS was established in a 3-phase development process involving 32 healthcare professionals whose healthcare professionals with regards to criteria were supported by moderate to high correlations between BBS scores and other measurements of functions in various older adults with disabilities. Berg K, Wood-Dauphine SL, Williams JL, Gayton D (1992) Measure balance in the elderly: confirmation of the Canadian Journal of Public Health instrument S2: s7-s11. Usuda S, Araya K, Umehara K, Endo M, Shimizu T, Endo F (1998) Builds the validity of a scale of functional balance in the journal Physical Therapy Sciences 10, 53-56. Whitney, S., D. Wrisley, et al. (2003). The simultaneous sequel to the Scale of the Berg Balance and the Dynamic Gait Index in people with vestibular dysfunction. Physiother Res Int 8(4): 178-86. Responsiveness Increases age is not indicated to relate to reduced BBS scores. Steffen, T.M., T. A. Hacker, et al. (2002). Age and gender-related test performance in elderly people living in the community: Six-Minute Walking Test, Berg Balance Scale, Timed Up and Go Testing, and gait speed. Phys Ther 82(2): 128-37. Mao, H. F., I. P. Hsueh, et al. (2002). Analysis and comparison of the psychometric properties of three balance measures for stroke patients. Stroke 33(4): 1022-7. Stevenson, T. J. (2001). Detect patients with strokes using the Berg Tray Scale. Aust J Physiother 47(1): 29-38. Salbach, N.M., N. E. Mayo, et al. (2001). Responsiveness and ability gait speed and other disability measures in acute stroke. Arch Phys Med Rehabil 82(9): 1204-12. Various Harada N, Chiu V, Damron-Rodrick J, Fowler E, Siu A, Reuber D (1995) Sieves for balance and deterioration of mobility in elderly individuals living in residential care facilities Physical Therapy 75, 6, 462-469. Piotrowski A, Cole J (1994) Clinical measures of balance and functional assessment in parents Physiotherapy Australia 40, 3, 183-188. Russo SG (1997) Clinical balance measures: source sastera Neurology Report 21, 1, 29-36. Whitney SL, Poole JL, Cass SP (1998) Re-study of balance instruments for older adults American Journal of Occupational Therapy 52, 8, 666-71. Thorbahn LD, Newton RA (1996) Use of the Tray Berg Exam to predict the fall of Phys Ther's parents 76, 6, 576-83. Lajoie, Y. and S. P. Gallagher (2004). Predicting falls in the parent community: postural sway comparisons, response times, Berg balance scales and Special Activity Tray Confidence (ABC) scales to compare falls and not cutters. Arch Gerontol Geriatr 38(1): 11-26. Wee, J. Y., H. Wong, et al. (2003). Ratification of the Baki Berg Scale as a forecaster of lodging period and release destination in stroke recovery. Arch Phys Med Rehabil 84(5): 731-5. Chiu, A. Y., S. S. Au-Yeung, et al. (2003). Comparison of four functional tests in discriminating falls from non-falling in older people. Disabil Rehabil 25(1): 45-50. Feld, J. A., M. H. Rabadi, et al. (2001). Berg scales the tray and measures the results in the acquired brain injury. Neurorehabil Neural Recuperation 15(3): 239-44. Wee, J. Y., S. D. Bagg, et al. (1999). Berg's tray scales as a forecaster of lodging and release of destinations in an atmosphere of acute stroke recovery. Arch Phys Med Rehabil 80(4): 448-52. Whitney, S. L., J. L. Poole, et al. (1998). Re-study of balance instruments for older adults. Am J occupied Ther 52(8): 666-71. The Limits In ataxic customers it cannot, however, reflect problems in the performance of daily life activities, caused by the effects of ataxia on the top, as no items are designed to do this. Reference Link ↑ Frederick Dandruff. 5253 F.H.F. Scale Tray Berg Assessment Process can be found from: accessed 08/02/13] ↑ Berg K, Wood-Dauphinee S, Williams JI, Maki, B: Measuring trays in parents: Instrument attestation. Be. J. Pub. Health, July / August additional 2:S7-11, 1992. ↑ Donoghue, D. and Stokes, E.K., (2009). How many changes are right? Minimum detectedfckLRchange Tray Berg scale in the elderly. Medical Journal 41(5), 41(5),