

PHYSICAL THERAPY STANDARDIZED TESTS PAGE 2

TINETTI ASSESSMENT TOOL:

BALANCE:

Task	Description	Date: ___/___/___	Date: ___/___/___
1. Sitting balance	Leans or slides in chair (0) Steady, safe (1)		
2. Arises	Unable without help (0) Able uses arms to help (1) Able without using arms (2)		
3. Attempts to stand	Unable without help (0) Able, requires >1 attempt (1) Able to rise, 1 attempt (2)		
4. Immediate standing (first 5 sec)	Unsteady (0) Steady but uses walker (1) Steady no A.D/support.(2)		
5. Standing Balance	Unsteady (0) Steady but WBS and uses AD (1) Narrow stance no support (2)		
6. Nudged (feet close together)	Begins to fall (0) Staggers, catches self (1) Steady (2)		
7. Eyes closed, feet together	Unsteady (0) Steady (1)		
8. Turning 360°	Discontinuous steps (0) Continuous steps (1) Unsteady, swaggers (0) Steady (1)		
9. Sitting Down	Unsafe (falls into chair) (0) Uses arms, not smooth (1) Safe, smooth (2)		

TOTAL BALANCE SCORE:		
THERAPIST:		

GAIT:

Task	Description	Date: ___/___/___	Date: ___/___/___
10. Initiation of gait	Any hesitancy (0) No hesitancy (1)		
11. Step length & height	a. Rt foot not passing Lt stance foot (0) b. Rt foot passes Lt (1) c. Rt foot not clearing floor (0) d. Rt foot clears floor (1) e. Lt foot not passing Rt stance foot (0) f. Lt foot passes Rt (1) g. Lt foot not clearing floor (0) h. Lt foot clears floor (1)		
12. Step Symmetry	Not equal (0) Equal (1)		
13. Step Continuity	Stopping between steps (0) Continuous steps (1)		
14. Path (observe 10ft)	Marked deviation (0) Mild/Mod dev,+AD (1) Straight, no AD (2)		
15. Trunk	Marked sway,+AD (0) No sway, + flex knees or back, uses arms (1) No sway, no flex, no arms (2)		
16. Walking Stance	Heels Apart (0) Heels near during gait (1)		

TOTAL GAIT SCORE:		
TOTAL BALANCE & GAIT SCORE:		
THERAPIST:		

Balance & Gait:
<19 High fall risk, 19-24 fall risk

ENDURANCE: 6 Min

Trial #1	Date: ___/___/___	Distance: _____	
<input type="checkbox"/> Unable to Complete:	Time: _____	Distance Completed: _____	Therapist: _____

12 Min

Trial #2	Date: ___/___/___	Distance: _____	
<input type="checkbox"/> Unable to Complete:	Time: _____	Distance Completed: _____	Therapist: _____

TIMED GET UP AND GO: 10 feet, from seated in chair and returning to chair with 180 degree turn

Trial #1	Date: ___/___/___	Time: _____	Assistive device used: _____	Therapist: _____
Trial #2	Date: ___/___/___	Time: _____	Assistive device used: _____	Therapist: _____

Independent functional mobility <10 – 20 seconds; > 30 seconds, impaired mobility, increased risk of fall

FUNCTIONAL REACH

Date: ___/___/___	Trial 1: _____	Trial 2: _____	Trial 3: _____	Average: _____	Therapist: _____
Date: ___/___/___	Trial 1: _____	Trial 2: _____	Trial 3: _____	Average: _____	Therapist: _____

PT.

MR./P.M.

DR.