

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: Berg Balance Scale (BBS)

Author: Berg, K., Wood-Dauphinee, S., Williams, J.I., Gayton, D.

Publisher: Available at <http://strokengine.ca>

Time required to administer: 10-15 minutes

Cost of the Test: Free

II. Description of Test

Type/Purpose of Test: This test measures balance in community-dwelling older adult population as well as others who have impairment in balance function due to stroke. It assesses the performance of functional tasks and how balance is maintained throughout the tasks. It is a 14-item scale to that should be completed in a clinical setting.

Population: community dwelling older adults, stroke

Focus of measurement: Balance

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: This assessment is simple and quick to administer once familiarity is achieved with the instructions. Instructions are written out and should be read for each of the 14 items.

Clarity of Directions: Directions give clear information about how when and how to use the stopwatch, chair, ruler, or step stool.

Scoring Procedures: All of the 14 items are scored with a number from 0 to 4 (0 = worst, 4 = best). The qualifications for each of these scores are described within each item. Record the lowest response category that applies for each item. Obtain a total score by adding each of the responses for the various items. A score of 45 or greater usually indicates patient is less likely to fall, can safely ambulate, and does not require assistive device. A score of 35 or less indicates safe ambulator with assistive device.

Examiner Qualification & Training: There are no specific qualifications or training, however the examiner should be familiar with the assessment prior to administration as well as knowledge on how to safely manage those with stroke or other fall risks.

IV. Technical Considerations

Standardization: Norms Criterion Referenced Other _____

Reliability: Excellent internal consistency Excellent inter-rater reliability
intra-rater reliability Excellent test-retest reliability

Excellent

Validity: Good Criterion Excellent Construct Good Content

Manual: X Excellent _____ Adequate _____ Poor

What is (are) the setting/s that you would anticipate using this assessment?

Community-dwelling older adults, people in residential care facilities, other clinical settings

Summary of strengths and weaknesses

Weakness:

- May not take into account reasons for fall risk
- Can be a risky assessment
- Must report a score change of 6 to represent a genuine change

Strength:

- Free
- Quick and easy to administer
- No specialized training required
- Easy set-up
- Good reliability and validity
- Standardized—gives an interpretation of the score