# [COMPANY NAME]
# PHYSICAL THERAPY
# BERG BALANCE SCALE

Patient Name _____

| (Circle One) | Unable To Do | Maximum Assist | Moderate Assist | Minimal Assist | Independent |
|---|---|---|---|---|---|
| 1. Sit unsupported | 0 | 1 | 2 | 3 | 4 |
| 2. Sit-to-stand | 0 | 1 | 2 | 3 | 4 |
| 3. Stand-to-sit | 0 | 1 | 2 | 3 | 4 |
| 4. Transfers | 0 | 1 | 2 | 3 | 4 |
| 5. Stand unsupported | 0 | 1 | 2 | 3 | 4 |
| 6. Stand with eyes closed | 0 | 1 | 2 | 3 | 4 |
| 7. Stand with feet together | 0 | 1 | 2 | 3 | 4 |
| 8. Tandem stand | 0 | 1 | 2 | 3 | 4 |
| 9. Stand on one leg | 0 | 1 | 2 | 3 | 4 |
| 10. Trunk rotation while standing | 0 | 1 | 2 | 3 | 4 |
| 11. Retrieve object from floor | 0 | 1 | 2 | 3 | 4 |
| 12. Turn 360 degrees | 0 | 1 | 2 | 3 | 4 |
| 13. Stool stepping | 0 | 1 | 2 | 3 | 4 |
| 14. Reach forward while standing | 0 | 1 | 2 | 3 | 4 |

**RISK OF FALL LEGEND**

| | |
|---|---|
| 56-47 | None |
| 46-37 | Moderate |
| 36-0 | High |

**FUNCTIONAL GUIDELINES**

| | |
|---|---|
| 0-20 | Wheelchair bound |
| 21-40 | Walking with assist |
| 41-56 | Independent |

**TOTAL SCORE** _____

**Therapist Signature:** _____ **Date/Time:** _____