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your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Berg Balance Scale has 14 items scale that was developed to measure balance Scale has 14 items scale that was developed to measure balance Scale score is ranging
from 0 to 56 points. The requirement tools for this scale are: a stopwatch, a ruler or a measuring tape, a chair, a step, and an object that can be picked up. See Also: Thomas Test HipBerg Balance Scale consists of 14 items that the patient is asked to perform to check for balance. ItemDescriptionB1Sitting to standing B2Standing unsupported B3Sitting unsupported B3S
unsupportedB4Standing to sittingB5TransfersB6Standing with the eyes closedB7Standing with the feet togetherB8Reaching forward with outstretched armB9Retrieving object from floorB10Turning to look behindB11Turning 360 degreesB12Placing alternate foot on stoolB13Standing with one foot in frontB14Standing on one footThe examiner asks
the patient to stand up and try not to use the hand for support. Patient Response Score Patient is able to stand without using hands after several tries 2 Patient needs minimal aid to stand or stabilize 1 Patient is needs moderate or maximal
 assist to stand0Sitting To StandingThe examiner asks the patient to stand 2 minutes without holding on.Patient is able to stand 30 seconds unsupported1Patient is able to stand 30 seconds unsupported1Patient is
unable to stand 30 seconds unsupported On Floor Or On A Stool. The examiner asks the patient to sit with arms folded for 2 minutes. Patient
 ResponseScorePatient is able to sit safely and securely for 2 minutes4Patient is able to sit 2 minutes under supervision3Patient is able to sit 30 seconds2Patient to sit down.Patient to sit down.Patient to sit 4 minutes4Patient is able to sit 30 seconds2Patient is able to sit 30 seconds3Patient is able to sit 30 seconds2Patient is able to sit 30 seconds3Patient is able to sit 30 seconds3Patient is able to sit 4 minutes4Patient is able to sit 30 seconds3Patient is able to sit 4 minutes4Patient is able to sit 50 seconds3Patient is able to sit 50 
hands4Patient controls descent by using hands3Patient uses back of legs against chair to control descent1Patient needs assist to sit0Standing To SittingArrange chair(s) for pivot transfer. The examiner ask the patient to transfer one way toward a seat with armrests and one way toward a seat
 without armrests. Two chairs (one with and one without armrests) or a bed and a chair may be used. Patient Response Score Patient is able to transfer safely definite need of hands 3 Patient is able to transfer with verbal cuing and/or supervision 2 Patient needs one person to assist 1 Patient needs
two people to assist or supervise to be safe0The examiner asks the patient to close the eyes and stand 10 seconds with supervision3Patient is able to stand 3 seconds2Patient is unable to keep eyes closed 3 seconds but stays safely1Patient
needs help to keep from falling OStanding Unsupported With Eyes ClosedThe examiner asks the patient to place feet together independently and stand 1 minute with
 supervision3Patient is able to place feet together independently but unable to hold for 30 seconds2Patient needs help to attain position and unable to hold for 15 seconds0The examiner asks the patient to lift arm to 90 degrees and stretch out the fingers and reach forward
as far as he can. The examiner places a ruler at the end of fingertips when arm is at 90 degrees. Fingers should not touch the ruler while reaching forward lean position. When possible, the patient is asked to use both arms when reaching to
avoid rotation of the trunk. Patient Response Score Patient can reach forward 5 cm (2 inches) 2 Patient can reach forward but needs supervision 1 Patient loses balance while trying/requires external support 0 Reaching forward with outstretched arm The
examiner asks the patient to pick up the shoe/slipper, which is placed in front of the patients feet. Patient Response Score Patient is unable to pick up but reaches 2-5 cm (1-2 inches) from slipper and keeps balance independently. 2 Patient is unable
to pick up and needs supervision while trying1Patient is unable to try/needs assist to keep from losing balance or falling0Turning To Look Behind Over Left And Right Shoulders While Standing: The patient is asked to turn to look directly behind over toward the left shoulder, repeat to the right. The Examiner may pick an object to look at directly
behind the patient to encourage a better twist turn. Patient ResponseScorePatient looks behind from both sides and weight shifts well4Patient turns sideways only but maintains balance2Patient needs assist to keep from losing balance or
falling0Turning to look behindThe patient is able to turn completely around in a full circle. Pause. Then turn 360 degrees safely in 4 seconds or less4Patient is able to turn 360 degrees safely but
slowly2Patient needs close supervision or verbal cuing1Patient needs assistance while turning0Place Alternate Foot On Step Or Stool While Standing Unsupported:The examiner asks the patient to place each foot alternately on the step/stool. Continue until each fool has touch the step/stool four times. Patient Response Score Patient is able to stand
independently and safely and complete 8 steps in 20 seconds 4 Patient is able to complete 8 steps in 20 seconds 3 Patient is able to complete 4 steps without aid with supervision 2 Patient is able to complete 8 steps in 20 seconds 3 Patient is able to complete 8 steps in 20 seconds 4 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to complete 8 steps in 20 seconds 3 Patient is able to complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient is able to stand independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and complete 8 steps in 20 seconds 3 Patient independently and co
stoolThe patient is asked to place one foot directly in front of the other. If the patient feels that he cannot place the foot directly in front, he tries to step far enough ahead that the heel forward foot is ahead of the toes of the other foot. To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should
approximate the patients normal stride width. Patient Response Score Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 30 seconds 3 Patient is able to place foot tandem independently and hold 3 Patient is able to place foot tandem independently and hold 3 Patient is able to place foot tandem independently and hold 3 Patient is able to place foot tandem independently and hold 3 Patient is able to place foot tandem independently and hold 3 Patient is able to place foot tandem independently and hold 3
balance while stepping or standing Unsupported One Foot In FrontThe patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold 5-10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 seconds Patient is able to lift leg independently and hold > 10 se
> 3 seconds2Patient is tries to lift leg unable to hold 3 seconds but remains standing independently.1Patient is unable to try of needs assist to prevent falloStanding On One LegThe clinical importance of Berg Balance Scale is to predict risk of falls and assess the need for an assistive device for ambulation, such as a cane, walker, or wheelchair.As
 with neurological conditions, studies have supportedusing the Berg Balance Scale for lower extremity amputees. Total Berg Balance score below 45 are associated with a higher risk of falls. An individual with a history of falls and a total score below 45 are associated with a history of falls. An individual with a history of falls and a total score below 45 are associated with a history of falls. An individual with a history of falls and a total score below 45 are associated with a history of falls. An individual with a history of falls and a total score below 51 is highly predictive of falls. An individual with a history of falls and a total score below 45 are associated with a history of falls.
Berg Balance score of 0-20 reflects mobility by wheelchair, 21 to 40 walking with assistance, a score of 41 to 56 walking independently Miranda-Cantellops N, Tiu TK. Berg Balance Testing. [Updated 2021 Nov 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: SW, Graham L, Montero Odasso M. Reliability
of the Berg Balance Scale as a Clinical Measure of Balance in Community-Dwelling Older Adults with Mild to Moderate Alzheimer Disease: A Pilot Study. Physiother Can. 2015 Aug;67(3):255-62. doi: 10.3138/ptc.2014-32. PMID: 26839454; PMCID: PMC4594811.Netters Orthopaedic Clinical Examination An Evidence-Based Approach 3rd Edition Book.
The Berg Balance Scale is a tool that doctors use to measure balance in patients. This test was developed by Katherine Berg in 1989 and was initially meant for older adults, with most people tested being around 73 years old. It looks at how well a person can maintain their balance while moving (dynamic balance) and when standing still (static
 balance). The test involves doing 14 different tasks that involve movement. At first, the Berg Balance Scale was primarily used for people recovering from strokes. However, its now trusted and used for people recovering from strokes. However, its now trusted and used for people recovering from strokes.
and also conditions that result in the loss of a lower limb. The Berg Balance Scale also helps to estimate the risk of a patient falling, the potential results of such a fall, and predicting how long a patient may need to stay at an inpatient rehabilitation center after a fall or other mobility-related issues. The test is quick to perform and can be easily done in
different settings. Anatomy and Physiology of Berg Balance resting Balance is what allows us to move and do everyday activities. There are two types of balance means you can maintain your bodys center of gravity while you
are moving. Balance isnt just about your bodys physical nature. It involves multiple areas of the body like muscles, thinking abilities (cognition), and the sense of touch and feelings (somatosensory). If you have issues in any of these areas, for example, because of a sickness that affects the nerves (neurological diseases), it can affect your balance.
Many things can hurt your balance, it depends on your health condition. Some people might face issues due to weak muscles, problems with coordinated movement (motor coordination), difficulties in thinking or understanding (poor cognition), or issues in processing sensory information (poor sensory organization). These issues can become worse
lead to difficulty in moving independently and reducing their physical abilities. Why do People Need Berg Balance resting In simpler terms, balance evaluated. The evaluation of the balance is helpful for older adults, and people
 with neurological conditions like stroke, multiple sclerosis, traumatic brain injury, Parkinsons disease, peripheral neuropathies (damage to the nerves outside of the brain and spinal cord), and other health conditions that may affect walking, such as people who have had a leg amputated. The test used to assess balance is called the Berg Balance
 Scale. This test has shown to be highly reliable, both when the same person does the test or when different people perform the test. In a review of this test applied to individuals with various neurological conditions including recent stroke, multiple sclerosis, cognition issues, and Parkinsons disease administered in different settings such as inpatient
 therapy, outpatient therapy, outpatient clinics, and home visits. The results were found to be reliable 98% of the time, within a 95% confidence interval (the range within which we can be 95% sure the true value lies). When a Person Should Avoid Berg Balance Testing This test does not check how quickly you walk or how well you walk. Also, the test
 more people. Who is needed to perform Berg Balance Testing? Any healthcare worker who has received the appropriate training can do the test. This includes nurses who look after your health, physical therapists who help you move better, occupational therapists who help you move better, occupational therapists who help you with daily skills, and doctors. All of these professionals can run the test
 accurately and reliably. How is Berg Balance Testing performed This test is simple to administer and anyone can download it or fill it out online. It includes 14 different mobility tasks, all of which are divided into three categories: sitting balance, and dynamic balance. The tasks are different in terms of how challenging they are. For
the sitting balance category, youll be assessed on your ability to sit without any support. For standing with your eyes closed, standing with both feet together, standing on one foot, turning to look behind you, grabbing an item from the ground, extending your arms
forward while standing and finally placing one foot in front of the other. The dynamic balance category involves moving around; standing up from a seated position, sitting down, moving around and turning 360 degrees, and stepping one foot onto a step. Each task is scored on a scale of 0-4 with a maximum total score of 56. Typically, if you cant do a
 task at all, youll get a score of 0, but if you manage to complete a task without any help, youll get a 4. The score can also be affected by how long it takes you to do a task, how long you can maintain a certain position, or when you need sideline supervision or extra assistance. For example, if a task is done slower than expected, or more supervision or
assistance is needed, or an assistive device (like a walking cane) is used, then fewer points are given. Now, each of these 14 tasks comes with specific instructions. Lets take the task standing unsupported with eyes closed as an example. Youll be
given a score of 4, if you can stand for 10 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 2, if you can stand for 3 seconds but youre estill safe, youll score 2, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but youre estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, youll score 3, if you can stand for 3 seconds but your estill safe, you can stand for 3 seconds but your estill safe, you can stand for 3 seconds but you can sta
 healthcare provider will guide you through the process and assess your performance to ensure your safety during the test. What Else Should I Know About Berg Balance Testing? A certain scale is used by healthcare workers to help them predict and prevent falls, especially in the elderly. These falls can lead to serious problems like broken bones or
 infections. This tool is also used to guess how long a person needs to stay in a recovery center and unique types of centers they might benefit from. Bad balance can reduce the quality of ones life and make daily tasks difficult. It can also increase the chance of falling. The total score after the balance test can inform about the risk of falls. Generally,
 scores lower than 45 suggest a high risk of falling. If someone has previously fallen and scores lower than 51, they are extremely likely to fall again. If someone scores less than 40, theres almost a 100% chance theyll fall. Moreover, the test can help doctors to decide if a person needs a supportive ambulation device, like a cane, walker, or wheelchair
need more training with wheelchairs and safe transfers. People with neurological disorders or amputees can also benefit from this scale. There a high risk of falling for individuals with amputations, with over half having experienced falls in the past year. This balance tests results can be compared to those for neurological conditions that impact
 balance. However, sometimes the scores might be lower than expected because prosthetic devices, if used, can interfere with results if the person has difficulty controlling the device scale. The Berg Balance Scale is a testing tool with high
validity and reliability used to measure balance can be classified as either static or dynamic. It was first created to be used in elderly individuals; however, it has been used in other individuals, such as amputees and persons
 with neurological conditions as Parkinson disease and strokes. This scale has also been used to assess the risk of falls and predict the length of stay during inpatient rehabilitation. Objectives: Describe the clinical uses of the Berg Balance Scale. Explain the meaning of the numerical results. Explain what individuals benefit from performing this
test. Explain what balance is and how it can affect an individual. Access free multiple choice questions on this topic. The Berg Balance Scale is a test used to assess functional balance. It was created by Katherine Berg in 1989 to evaluate both
 dynamic and static balance through 14 tasks regarding mobility. In the beginning, it was mostly used to assess stroke patients; however, this test has shown high validity and reliability in various patient populations, including neurological conditions as lower
extremity amputees.[3]The scale has been useful in predicting the risk of falls and outcomes and even assessing the length of stay at inpatient rehabilitation.[4] It is a short test that can be performed relatively quickly under different environments. Balance gives an individual the ability to achieve physical movement and further carry out the activities
of daily living.[2] Balance can be classified as either static or dynamic. In static balance, the body's center of gravity is maintained within the base of support. In dynamic balance, the center of gravity is maintained within the base of support.
cognitive, and somatosensory, it can be affected secondary to multiple conditions such as neurological diseases.[2]Many factors include muscle strength, motor coordination, and poor sensory organization, all of which may be affected in some way
 with a neurological condition.[3]In individuals with lower limb amputation, their gait is significantly affected. Studies have shown that balance strongly correlates with the gait performance of amputees. Hence, the better balance strongly correlates with the gait performance of amputees. Hence, the better balance strongly correlates with the gait is significantly affected. Studies have shown that balance strongly correlates with the gait performance of amputees. Hence, the better balance strongly correlates with the gait is significantly affected.
 major disease characteristic that worsens balance and can further lead to decreased independence and physical ability.[6]Balance dysfunction is commonly seen in individuals above the age of 65. Individuals that have had a stroke greatly benefit from having their balance performance tested. This test is indicated in the elderly, in neurological
conditions such as stroke, multiple sclerosis, traumatic brain injury, Parkinson disease, peripheral neuropathies, and other conditions that may affect gait, such as lower extremity amputees.[4]The Berg Balance Scale has been shown to have both high intra-rater and inter-rater reliability. Intra-rater reliability is when the same person who is
 administering the test can achieve the same results. Inter-rater reliability is when the test can be performed by different persons and achieve the same results. Systematic review conducted by Downs evaluated the Berg Balance Scale for individuals with various neurological conditions, including acute stroke, recent stroke, multiple sclerosis,
cognitively impaired patients, and Parkinson disease patients, in different settings such as acute inpatient rehabilitation, outpatient rehabilitation rehabilitation rehabilitation rehabilitation rehabilitation
also evidence of both floor and ceiling effects with the test results. This can lead to the inability to detect changes in balance. [7] Another limitation to this test is that it can slightly differ in the way it is performed by the person administering it, for example, when explaining the actual tasks to be done. [7] The test takes around 15 to 20 minutes to
complete and needs a few inexpensive pieces of equipment. It requires a stopwatch, a ruler or a measuring tape, a chair, a step, and an object that can be picked up.[8][9]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and others.[3][10]The test has been adapted in different languages, including Italian, Turkish, French, and Italian, Turkish, French, and Italian, Turkish, French, and Italian, Turkish, Italian, I
trained. Nurses, physical therapists, occupational therapists, and physicians are able to perform the test with good reliability. [2]Littletraining is needed foradministering this test. The scale can be downloaded or filled out online. It involves 14 mobility tasks, with the tasks varying in degrees of difficulty. The tasks are divided into 3 domains: sitting
balance, standing balance, and dynamic balance consist of standing with eyes closed, standing unsupported. Standing with eyes closed, standing with feet together, standing on one foot, turning to look behind, grabbing an object from the floor, reaching forward with outstretched arms
and placing one foot in front of the other. In the last domain, the dynamic balance is evaluated with the individual going from sitting to standing, standing to sitting, transferring, turning 360 degrees, placing one foot on a step.[1][2][11]Each task is graded on a 5-point ordinal scale that ranges from 0 to 4 for a maximum score of 56. In general, a score
of 0 is given when the individual is unable to perform the task, and a score of 4 is given when able to complete the given task independently. Other factors that affect the points given are the time it takes to complete the given task independently.
required or the need to use assistive devices affectsthepoints given.[12]The 14 tasks each come with specific instructions on how to perform. For example, when testing the standing unsupported with eyes close, the instructions on how to perform.
given, if able to stand 10 seconds with supervision, a score of 3, able to stand for 3 seconds, a score of 1, and a score of 3, able to stand for 3 seconds but stays safely gives a score of 1, and a score of 2, unable to keep eyes closed 3 seconds but stays safely gives a score of 1, and a score of 2, unable to keep eyes closed 3 seconds but stays safely gives a score of 1, and a score of 2, unable to keep eyes closed 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 2, unable to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3, able to stand for 3 seconds but stays safely gives a score of 3.
                       __ 4 able to sit safely and securely for 2 minutes___ 3 able to sit 2 minutes under supervision___ 2 able to sit 30 seconds___ 1 able to sit 30 seconds___ 2 able to sit 30 seconds___ 2 able to sit 30 seconds___ 3 able to sit 3
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 from falling Task 4: Standing with feet together 4 able to place feet together independently and stand 1 minute with supervision 2 able to place feet together independently but unable to hold for 30 seconds 1 needs help to attain position but is able to stand 15 seconds
feet together___ 0 needs help to attain position and is unable to hold for 15 seconds___ 3 able to lift leg independently and hold 5-10 seconds___ 3 able to lift leg independently and hold 5-10 seconds___ 1 tries to lift a leg, unable to hold 3 seconds but remains standing
                         __ 0 unable to try of needs assist to prevent fallTask 6: Turning to look behind __ 4 looks behind from both sides and weight shift __ 2 turns sideways only but maintains balance __ 1 needs supervision when turning __ 0 needs assistance to keep from losing balance
or fallingTask 7: Grab an object from the floor 4 able to pick up slipper and keeps balance independently 1 unable to pick up and needs supervision while trying 0 unable to try/needs assistance to keep from losing
balance or fallingTask 8: Reaching forward with outstretched arms while standing___4 can reach forward 5 inches___2 can reach forward but needs supervision___0 loses balance while trying/requires external supportTask 9: Placing one foot in front of the other___4 able to
place foot tandem independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 2 able to take a small step independently and hold 30 seconds ___ 3 able to place foot above 50 seconds ___ 3 able to place foot above 50 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seconds ___ 3 able to take a small step independently and hold 30 seco
 stand without using hands and stabilize independently 3 able to stand independently using hands 2 able to stand using hands 5 controls descent by
                     2 uses the back of their legs against the chair to control their descent 1 sits independently but has uncontrolled descent 0 needs assistance to sitTask 12: Transfer from a seat with an armrest to a seat without an armrest 4 able to transfer safely with minor use of hands 3 able to transfer safely definite need of hands
able to transfer with verbal cueing and/or supervision___ 1 needs one person to assist___ 0 needs two people to assist or supervise to be safeTask 13: Turn 360 degrees safely one side only 4 seconds or less___ 2 able to turn 360 degrees safely but slowly___ 1 needs
 close supervision or verbal cueing 0 needs assistance while turning and safely and complete 8 steps in 20 seconds 2 able to stand independently and complete 8 steps in > 20 seconds 2 able to complete 4 steps without aid with
                      1 able to complete > 2 steps needs minimal assist ____ 0 needs assistance to keep from falling/unable to tryThis scale can assist healthcare workers in determining outcomes. It can help assess the increased risk of falls and further help prevent complications such as fractures or infections that can commonly occur after falls, especially in
the elderly.[2]It has been studied and validated as a tool to predict the length of stay during inpatient rehabilitation center an individual can benefit from.[11]Impaired balance leads to a decreased quality of life and inability or difficulty to carry out activities of daily living. It can also lead to an
increased risk of falls. The total score after performing the test determines the predicted risk of falls. A score of less than 40 is associated almost with a higher risk of falls. An individual with a higher risk of falls.
test can allow practitioners to assess the need for an assistive device for ambulation, such as a cane, walking when evaluating an ascore of 41to 56 walking independently.[6] This can be helpful in both the outpatient and inpatient setting when evaluating an
individual to determine the equipment needed and a complete treatment plan focused on what skills the individuals with lower scores will benefit from more training on wheelchairs and safe transfers. As with neurological conditions, studies have supported using the Berg Balance Scale for lower extremity
 amputees. There is a high risk of falls in individuals with amputations, with studies showing more than 50% of amputees experiencing falls within the prior 12 months. The results of the Berg testing have been shown to be comparable to the ones when testing for neurological conditions affecting balance. However, at times they may present with
 lower scores than expected as prosthetic devices, if present, can interfere with results, especially if there is no proper control of the prosthetic yet.[16]It is important to consider an individual's risk of fall, as it has been shown that it can lead to lower scores on the scale.[16]Balance is an ability we have to carry out motion and mobility throughout our
daily activities effectively. It is composed of different factors, including but not limited to somatosensory, vestibular, and postural responses, among others. Neurological conditions such as stroke, traumatic brain injury, Parkinson disease, multiple sclerosis, and other studied populations as lower extremity amputees can lead to impaired balance,
 which can, in turn, lead to an increased risk of falls and a further decline in daily function and performance of ADLs. Maintaining proper balance can further prevent falls, a common health issue with possible serious complications, especially in the elderly. The Berg Balance Scale is a test that can be performed during an inpatient rehabilitation stay as a function and performance of ADLs. Maintaining proper balance can further prevent falls, a common health issue with possible serious complications, especially in the elderly. The Berg Balance Scale is a test that can be performed during an inpatient rehabilitation stay as a function and performance of ADLs.
part of the goals and treatment plan for the individual affected. The goals set are then further assessed during interdisciplinary team rounds that can include the occupational therapist, physical therapist
 responsible for assessing the patients' needs as they spend the most time with the patient and can further predict what the patient will need after discharge. Furthermore, when performing this test, the nursing staff can monitor
 for any changes in vital signs during the testing if the patient is unable to tolerate and becomes hemodynamically unstable. The multidisciplinary team, composed of the healthcare workers, also needs the ability to communicate with test score
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we treat, the continuing education courses and credits provided and about career opportunities. ,the free encyclopedia thanks its contributors for creating more than seven million articles! Learn how you can take part in the encyclopedia's
continued improvement. Members of the victorious Blondie crewThe Boat Race 2018 took place on 24March. Held annually, The Boat Race is a side-by-side rowing race between crews from the universities of Oxford and Cambridge along a 4.2-mile (6.8km) tidal stretch of the River Thames in south-west London, England. For the third time in the
history of the event, the men's, the women's races were all held on the Tideway on the same day. The women's races were all held on the Tideway on the same day. The women's races were all held on the Tideway on the same day. The women's race saw Cambridge lead from the start, eventually winning by a considerable margin to take the overall record to 4330 in their favour. In the women's races were all held on the Tideway on the same day. The women's races were all held on the Tideway on the same day.
Osiris by nine lengths. The men's reserve race was won by Cambridge's Goldie, who defeated Oxford's Isis by a margin of four lengths. The men's reserve race was the final event of the day and completed a whitewash as Cambridge won, taking the overall record to 8380 in their favour. The races were watched by around 250,000 spectators live, and
broadcast around the world. (Fullarticle...) Recently featured: Radar, Gun Laying, Mk.I and Mk.IIAndrea NavageroNosy KombaArchiveBy emailMore featured articlesAboutKitty Marion... that Kitty Marion... that Kitty Marion... that Kitty Marion... that Kitty Marion (pictured) was force-fed over 200 times during a hunger strike?... that the North Korean destroyer Choe Hyon is the largest ship constructed for the
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school writing assignment that within ten years she would be making a living as an artist?... that Haridas Mitra had his death sentence commuted after the intervention of Mahatma Gandhi?... that "Steve's
Lava Chicken" recently became the shortest song to enter the UK Top 40? ArchiveStart a new articleNominate an articleNominate and articleNominate an articleNominate and articleNomina
wins the Indianapolis 500. In basketball, the EuroLeague concludes with Fenerbahe winning the Final Four Playoff. Ongoing: Gaza warM23 campaignRussian invasion of UkrainetimelineSudanese civil wartimelineRecent deaths: Harrison Ruffin TylerPhil RobertsonMary K. GaillardPeter DavidAlan YentobGerry ConnollyNominate an articleMay 31:
Dragon Boat Festival in China and Taiwan (2025); World No Tobacco DayBessarion455 Petronius Maximus, the ruler of the Western Roman Empire, was stoned to death by a mob as he fled Rome ahead of the arrival of a Vandal force that sacked the city.1223 Mongol invasion of Kievan Rus': Mongol forces defeated a Kievan Rus' army at the Battle of
the Kalka River in present-day Ukraine.1468 Cardinal Bessarion (pictured) announced his donation of 746 Greek and Latin codices to the Republic of Venice, forming the Biblioteca Marciana.1935 A magnitude-7.7 earthquake struck Balochistan in British India, now part of Pakistan, killing between 30,000 and 60,000 people.2013 A tornado struck
Central Oklahoma, killing eight people and injuring more than 150 others. Albertino Mussato (d.1329) Joseph Grimaldi (d.1837) Dina Boluarte (b.1962) More anniversaries: May 30 May 31 June 1 Archive By emailList of days of the year About Cucumbs metuliferus, the African horned cucumber, is an annual vine in the cucumber and
melon family, Cucurbitaceae. Its fruit has horn-like spines, hence the name "horned melon". The ripe fruit has orange skin and lime-green, jelly-like flesh. It is native to Southern Africa, where it is a traditional food. Along with the gemsbok cucumber and the citron melon, it is one of the few sources of water during the dry season in the Kalahari
Desert. This photograph, which was focus-stacked from 25 separate images, shows two C.metuliferus fruits, one whole and the other in cross-section. Photograph credit: Ivar LeidusRecently featured picturesCommunity portal The central hub for editors, with resources, links
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201 or 571King Genseric sacks Rome (455)Year 455 (CDLV) was a common year starting on Saturday of the Julian calendar. At the time, it was known as the Year of the Consulship of Valentinianus and Anthemius (or, less frequently, year 1208 Ab urbe condita).
the Anno Domini calendar era became the prevalent method in Europe for naming years. March 16 Emperor Valentinian III, age 35, is assassinated by two Hunnic retainers of the late Flavius Aetius, while training with the bow on the Campus Martius (Rome), ending the Theodosian dynasty. His primicerius sacri cubiculi, Heraclius, is also
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murdered.March 17 Petronius Maximus, former domesticus ("elite bodyguard") of Aetius, becomes (with support of the Roman Empire. He secures the throne by bribing officials of the imperial palace. Maximus consolidates his power by a forced marriage with Licinia Eudoxia, widow of Valentinian III.Maximus appoints Avitus, most trusted general, to the rank of magister militum and sends him on an embassy to Toulouse, to gain the support of the Visigoths. He elevates his son Palladius to Caesar and has him marry Eudocia, eldest daughter of Valentinian III.May 31 Maximus is stoned to death by an angry mob while fleeing Rome. A widespread panic occurs when many citizens hear the news that the Vandals are plundering the Italian mainland. June 2 Sack of Rome: King Genseric leads the Vandals into Rome, after he has promised Pope Leo I not to burn and plunder the city. Genseric leads the Vandals into Rome, after he has promised Pope Leo I not to burn and plunder the city. loot is sent to the harbour of Ostia and loaded into ships, from whence the Vandals depart and return to Carthage. July 9 Avitus is proclaimed Roman emperor at Toulouse, and later recognised by the Gallic chiefs in Viernum (modern Austria) and leaves a Gothic force under Remistus, Visigoth general (magister militum), at Ravenna. The Ostrogoths conquer Pannonia and Dalmatia. Battle of Aylesford (Kent). Hengist and his son Oisc become king of Kent. Horsa and Catigern, brother of Vortimer, are killed. The Britons withdraw to London (according to the Anglo-Saxon Chronicle). Skandagupta succeeds Kumaragupta I as ruler of the empire's resources and contributes to its decline. Gaero becomes king of the Korean kingdom of Baekje.[1]Earliest recorded date at Chichen Itza on the Yucatn Peninsula (Mexico) (approximate date). The city of Vindobona (Vienna) is struck by an epidemic that spreads through the Roman provinces. The disease is probably streptococcus or a form of scarlet fever with streptococcus or a form of scarlet fever with streptococcus or a form of scarlet fever with streptococcus pneumoniae (approximate date). Rusticus, archbishop of Lyon (approximate date). Rusticus, archbishop of Lyon (approximate date) are the southern Qi (d. 512). Empire (b. 419)Heraclius, Roman courtier (primicerius sacri cubiculi)May 31 Petronius Maximus, emperor of the Western Roman EmpireBiyu of Baekje, king of Bae High King of Ireland (approximate date) Palladius, son of Petronius Maximus (approximate date) a b "List of Rulers of Korea". www.metmuseum.org. Retrieved April 20, 2019.Retrieved from "30ne hundred years, from 301 to 400Millennia1stmillenniumCentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury4thcentury5thcentury5thcentury4thcentury5thcentury4thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thcentury5thc Hemisphere at the end of the 4th century CE. The 4th century was the time period from 301 CE (represented by the Roman numerals CCI) to 400 CE (CD) in accordance with the Julian calendar. In the West, the early part of the century was shaped by Constantine the Great, who became the first Roman emperor to adopt Christianity, Gaining sole reign of the empire, he is also noted for re-establishing a single imperial capital, choosing the site of ancient Byzantium in 330 (over the current capitals, which had effectively been changed by Diocletian's reforms to Milan in the West, and Nicomedeia in the East) to build the city soon called Nova Roma (New Rome); it was later renamed Constantinople in his honor. The last emperor to control both the eastern and western halves of the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius I. As the century progressed after his death, it became increasingly apparent that the empire was Theodosius II. As the century progressed after his death, it became increasingly apparent that the empire was II. 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Late in the century Christianity became the official state religion, and the empire's old pagan culture began to disappear. [citation needed] General prosperity was felt throughout this period, but recurring invasions marked the beginning of the end for the Western Roman Empire. In China, the Jin dynasty, which had united the nation prior in 280, began rapidly facing trouble by the start of the century due to political infighting, which led to the insurrections of the northern barbarian tribes (starting the Sixteen Kingdoms period), which quickly overwhelmed the empire, forcing the Eastern Jin dynasty around 317. Towards the end of the century, Emperor of the Former Qin, Fu Jin, united the north under his banner, and planned to conquer the Jin dynasty in the south, so as to finally reunite the land, but was decisively defeated at the Battle of Fei River in 383, causing massive unrest and civil war in his empire, thereby leading to the fall of the Former Qin, and the continued existence of the Eastern Jin dynasty. According to archaeologists, sufficient archaeologists, sufficient archaeologists, sufficient archaeologists (300/400668 CE) of Baekje, Goguryeo, and Silla. Historians of the Roman Empire refer to the "Long" Fourth Century" to the period spanning the fourth century proper but starting earlier with the accession of the Emperor Diocletian in 284 and ending later with the death of Honorius in 423 or of Theodosius II in 450.[3]See also: Christianity in the 4th century Gregory the Illuminator mosaic, converted Armenia from Zoroastrianism to ChristianityContemporary bronze head of Constantine I (r. 306337 AD)Early 4th century Former audience hall now known as the Basilica, Trier, Germany, is built. Early 4th century Former audience hall now known as the Basilica, Trier, Germany, is built. Early 4th century Former audience hall now known as the Basilica, Trier, Germany, is built. Early 4th century Former audience hall now known as the Basilica, Trier, Germany, is built. Early 4th century Former audience hall now known as the Basilica, Trier, Germany, is built. 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Early 4th century Former audience hall now known as the Basilica hall now k ends persecution of Christians in the Roman Empire (see also Constantinian shift) and constantinian shift s to the Philippines is built.325328: The Kingdom of Aksum adopts Christianity.325: Constantine the Great calls the First Council of Nicaea to pacify Christianity in the grip of the Arian controversy.335380: Samudragupta expands the Gupta Empire.337: Constantine the Great is baptized a Christian on his death bed.350: About this time the Kingdom of Aksum conquers the Kingdom of Kush.350400: At some time during this period, the Huns began to attack the Sassanid Empire.[2]350: The Kutai Martadipura kingdom in eastern Borneo produced the earliest known stone inscriptions in Indonesia known as the Mulavarman inscription written in the Sanskrit language using Pallava scripture.[5]Mid-4th century Dish, from Mildenhall, England, is made. It is now kept at the British Museum, London. Mid-4th century Wang Xizhi makes a portion of a letter from the Feng Ju album. Six Dynasties period. It is now kept at National Palace Museum, Taipei, Taiwan, Republic of China. 365: An earthquake with a magnitude of at least eight strikes the Eastern Mediterranean. The following tsunami causes widespread destruction in Crete, Greece, Libya, Egypt, Cyprus, and Sicily.376: Visigoths appear on the Danube and are allowed entry into the Roman Empire in their flight from the Huns.378: Battle of Adrianople: Roman army is defeated by the Visigoth cavalry. Emperor Valens is killed.378395: Theodosius I, Roman emperor, bans pagan worship, Christianity is made the official religion of the Empire. 378: Siyaj K'ak' conquers Waka on (January 8), Tikal (January 16) and Uaxactun. Wall painting of the Council of Constantinople reaffirms the Christian doctrine of the Trinity by adding to the creed of Nicaea.383: Battle of Fei River in China.395: The Battle of Canhe Slope occurs.395: Roman emperor Theodosius I dies, causing the Roman Empire to split permanently.Late 4th century: Atrium added in the Old St. Peter's Basilica, Rome.For a more comprehensive list, see Timeline of historic inventions 4th century. The Stirrup was invented in China, no later than 322.[6][1]Kama Sutra, dated between c.400 BC to c. 300 AD.[7][8]Iron pillar of Delhi, India is the world's first Iron Pillar. [citation needed] Trigonometric functions: The trigonometric functions sine and versine originated in Indian astronomy.[9]Codex Sinaiticus and the Codex Vaticanus Graecus 1209, are the earliest Christian bibles.[10][11]Book of Steps, Syriac religious discourses.[citation needed] a b "The invention and influences of stirrup". Archived from the original on December 3, 2008. a b Roberts, J: "History of the World". Penguin, 1994. The Long Fourth Century 284450: Continuity and Change in the Later Roman Empire ed. S. McGill, C. Sogno and E. Watts (Cambridge 2008). "The Austronesians: Historical and Comparative Perspectives". ANU Press. Archived from the original on April 9, 2008. "The Austronesians: Historical and Comparative Perspectives". ANU Press. Archived from the original on April 9, 2008. 2013-12-25. Retrieved 2013-04-29. Lee, Adela C.Y. "The stirrup and its effect on chinese military history". Silkroad Foundation. Sengupta, J. (2006). Refractions of Desire, Feminist Perspectives in the Novels of Toni Morrison, Michle Roberts, and Anita Desai. Atlantic Publishers & Distributors. p.21. ISBN 978-81-269-0629-1. Archived from the original on 4 May 2016. Retrieved 7 December 2014. Ackar, Sudhir; Doniger, Wendy (2003). Kamasutra. Oxford University Press. pp.xi. ISBN 978-0-19-283982-4. Bag, A.K. (1979). 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