Tinetti Balance and Gait Test

Patient's name:	Date of birth:	Sex:
Examiner's name:	Date of test:	

Balance test

Make sure that the patient is seated on a sturdy armless chair.

Evaluated function	Description
Sitting balance	0 - Leans or slides in chair
	1 - Steady, safe
	0 - Unable to rise without help
Rises from chair	1 - Able to rise using arms to help
	2 - Able to rise without using arms to help
	0 - Unable to rise without help
Attempts to rise	1 - Able to rise, requires more than one attempt
	2 - Able to rise, requires one attempt
	0 - Unsteady (staggers, moves feet, trunk sways)
Immediate standing balance (first 5 sec)	1 - Steady, but uses walker or other support
	2 - Steady without walker or other support
Standing balance	0 - Unsteady
	1 - Steady, but with wide stance and uses support
	2 - Narrow stance without support
	0 - Begins to fall
Nudge	1 - Staggers, grabs, catches self
	2 - Steady
Nudge, eyes closed	0 - Unsteady
	1 - Steady
Turning 360 degrees ("make a complete	0 - Discontinuous steps
	1 - Continuous steps
circle")	0 - Unsteady (grabs, staggers)
	1 - Steady

Sitting down	0 - Unsafe (misjudged distance, falls into chair)
	1 - Uses arms or not a smooth motion
	2 - Safe, smooth motion
Total balance score:	/16

Gait test

The patient stands with the therapist/examiner and walks across the room (+/- aids), first at the usual pace and then at a rapid pace.

Evaluated function	Description
Indication of gait (immediately after told to 'go'.)	0 - Any hesitancy or multiple attempts
	1 - No hesitancy
Step length & height	0 - Step to
	1 - Step through right
	1 - Step through left
	0 - Foot drop
Foot clearance	1 - Left foot clears the floor
	1 - Right foot clears the floor
Step symmetry	0 - Right and left step length are not equal
	1 - Right and left step length appear equal
Step continuity	0 - Stopping of discontinuity between steps
	1 - Steps appear continuous
Path	0 - Marked deviation
	1 - Mild/moderate deviation or uses a walking aid
	2 - Straight without a walking aid
	0 - Marked sway or uses a walking aid
Trunk	1 - No sway, flexes knees/back/uses arms to balance
	2 - No sway, no flexion of knees or back use of arms, or walking aid
Walking time	0 - Heels apart
	1 - Heels almost touching while walking
Total balance score:	/12

Scoring and interpretation

The scoring system is based on a three-point ordinal scale, ranging from 0 to 2. A score of "0" represents the highest level of impairment, while "2" indicates full independence. To calculate the total score, add the balance and gait scores.

Total balance score =/16
Total gait score =/12
Total test score =
 24 or above = low fall risk
• 19-23 = medium fall risk
 18 or below = high fall risk

Tinetti, M. E., Williams, T. F., & Mayewski, R. (1986). Fall risk index for elderly patients based on number of chronic disabilities. *The American Journal of Medicine, 80*(3), 429–434. https://doi.org/10.1016/0002-9343(86)90717-5