

Appendix 1

REACTIVE BALANCE ASSESSMENT DATA COLLECTION SHEET

Client: _____

Condition*	Lean direction	Needs assist [†]	First step [‡]	# Steps [§]	Response characteristics**	Other comments ^{††}
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			

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	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			
	☐ Forward ☐ Backward ☐ Left ☐ Right	Y N	R L			

General comments

Therapist: _____

Signature: _____

Date: _____

* Condition is the type of testing being done. Suggested conditions include ‘usual response’ (i.e., no constraints or additional challenges imposed), ‘dual task’, and ‘encouraged’ use (see Section 2.3.3 for more details).

† This is defined as any assistance provided to the participant to aid balance recovery. It could be assistance from the assessor, a helper, or the safety harness.

‡ This is the leg used to take the first step. If the client has a strong preference for initiating the response with one limb, consider including an ‘encouraged use’ condition to challenge stepping with the non-preferred limb.

§ This can be difficult to determine in real time, and is best observed from video playback.

** Use of upper extremity, foot clearance, no-step reactions, step length, step placement, speed of reaction, limb collisions, attempts to step with a blocked limb or other notable characteristics of the response.

†† Document anything else that is notable about the test or response. For example, was the client able to achieve the desired lean angle, was stance symmetrical prior to the perturbation?