

Appendix 2 TREATMENT PLANNING GUIDE

Client: _____

Date: _____

Area of dyscontrol (identified from reactive balance assessment)	Treatment suggestions	Additional treatment strategies/comments
☐ Failed step reactions – requires external assistance (from the therapist and/or safety harness) to regain stability	☐ Start with low-magnitude perturbation, increase magnitude as tolerated ☐ Consider other problems that contribute, like delayed stepping or no stepping	
☐ Multi-step reactions	☐ Instruct client to take as few steps as possible ☐ Instruct client to take long(er) steps ☐ Choose voluntary tasks that require stepping to targets (step and hold on that spot)	
☐ Does not step when magnitude of perturbation requires a step	☐ Instruct client to step when s/he feels unstable ☐ Start with low-magnitude perturbations ☐ Start with predictable time/direction of perturbation ☐ Practice the step prior to perturbation ☐ Consider other problems that contribute, like unwillingness to step with one limb	

Area of dyscontrol (identified from reactive balance assessment)	Treatment suggestions	Additional treatment strategies/comments
☐ Low foot clearance during reactive steps (foot 'slides', or shuffles)	☐ Use obstacles to encourage a step-over	
☐ Delayed stepping reactions	☐ Instruct client to step as quickly as possible ☐ Start with predictable time/direction of perturbation ☐ If delay is with one limb specific (e.g., paretic limb for clients with stroke), have client weight-shift to the opposite limb prior to perturbation	
☐ Is unwilling/unable to step with both limbs	☐ Block the preferred limb with obstacles, or hand/foot of therapist ☐ Instruct client to step with non-preferred limb ☐ Start with predictable time/direction of perturbation ☐ Time perturbation to coincide with non-preferred leg/foot being un-weighted	
☐ Stands asymmetrically prior to perturbation	☐ Instruct client to increase loading on the less-loaded limb ☐ Consider using video or feedback of stance symmetry	

Area of dyscontrol (identified from reactive balance assessment)	Treatment suggestions	Additional treatment strategies/comments
☐ Short reactive steps	☐ Instruct client to take longer steps ☐ Step to targets ☐ Step over obstacles	
☐ Attempts to use upper extremity to regain stability	☐ Therapist should stand as far away as safely possible ☐ Instruct to not use reach-to-grasp reactions ☐ Have client hold object to prevent grasping	
☐ Falls laterally on step termination when responding to antero-posterior perturbations*	☐ Instruct client to take as few steps as possible ☐ Start with low-magnitude perturbation ☐ Try forward/backward perturbations initially with a narrow base of support ☐ Choose voluntary tasks that require stepping to targets (step and hold on that spot)	
☐ Experiences limb collisions when responding to lateral perturbations	☐ Instruct client to use side-stepping strategy ☐ Place large obstacles in front and behind client to deter 'crossover' step reactions*	
☐ Is unable to step equally well in all directions	☐ Use multi-directional perturbations ☐ Do more perturbations in the most challenging direction	

*See accompanying videos for more information about these step patterns.