



420 South Dixie Hwy, Suite 4D
 Coral Gables, FL 33146
 t: 305.856.9000
 f: 305.856.9910
 hello@reactionrehab.com
 www.reactionrehab.com

Berg Balance Test, Result

Pt. Name: _____ Visit: _____ EPS: _____
For Office use only For Office use only

Date of Service: _____ Dx: _____

| Item | DESCRIPTION | SCORE (0-4) |
|------------------------------------|---|-------------|
| 1 | <i>Sitting to standing</i> | |
| 2 | <i>Standing unsupported</i> | |
| 3 | <i>Sitting unsupported</i> | |
| 4 | <i>Standing to sitting</i> | |
| 5 | <i>Transfers</i> | |
| 6 | <i>Standing with eyes closed</i> | |
| 7 | <i>Standing with feet together</i> | |
| 8 | <i>Reaching forward with outstretched arm</i> | |
| 9 | <i>Retrieving object from floor</i> | |
| 10 | <i>Turning to look behind</i> | |
| 11 | <i>Turning 360 degrees</i> | |
| 12 | <i>Placing alternate foot on stool</i> | |
| 13 | <i>Standing with one foot in front</i> | |
| 14 | <i>Standing on one foot</i> | |
| SUB TOTAL [maximum 56] | | |
| 00-20 | <i>Wheelchair bound</i> | |
| 21-40 | <i>Walking with assistance</i> | |
| 41-56 | <i>Independent</i> | |
| <small>For office use only</small> | | |
| TOTAL | | |