BERG BALANCE SCALE (BBS)

Instructions:
- There are standardized instructions for each item of the BBS.
- Please refer to the protocol for standardized administration of the BBS, including instructions for each item. [Link to protocol]

Equipment Needed:
- Stopwatch
- Standard height chair (18-20 in.) with arm rests
- Standard height chair (18-20 in.) without arm rests
- Step or stool of average height (7 ¾ - 9 in.)
- Ruler
- Slipper or shoe

Scoring:
- Items are scored on a 5 point ordinal scale.
- Points are deducted for requiring supervision, assistance and/or taking more than the allotted time to complete the task.
- The lowest category that applies should be marked.
- Please refer to the standardized administration of the BBS for item-by-item scoring. This can be found at: [Link to standardized scoring]

What Does My Patient’s Score Mean?
Cut-off scores may be used in conjunction with a complete evaluation to interpret the meaning of a patient’s score on the BBS.
- Non-Specific/Older Adults
  - Cut-off Score: ≤40 almost 100% fall risk
  - Cut-off Score: ≤50 fall risk

Considerations:
- Assistive devices should not be used when performing the BBS.

What Constitutes a Change in Berg Score?
Change can be determined using values of Minimal Detectable Change (MDC) and Minimal Clinically Important Difference (MCID). MDC is the minimal change required to ensure the change is not the result of measurement error. MCID is the minimal change required for the patient to also feel an improvement in the construct being measured.
- Stroke
  - MDC (acute): 6-7 points
  - MDC (chronic): 4.66 points (superscript 2) to 6.7 points
- Parkinson’s Disease (Hoehn & Yahr stages 1-4)
  - MDC: 5 points
- Huntington’s Disease
  - MDC (premanifest HD): 1 point
  - MDC (early-stage HD): 4 points
  - MDC (middle and late-stage): 5 points

Orange text indicates that the reference was also critically appraised and cited in the publication “A Core Set of Outcome Measures for Adults with Neurologic Conditions Undergoing Rehabilitation: A Clinical Practice Guideline”. Journal of Neurologic Physical Therapy 2018; 42(2):174-220.
REFERENCES


Referenced information was reviewed by the Core Measures KT Taskforce in 2019 at www.neuropt.org. Some values are condition specific and caution should be used in generalizing them to all patients.