



Interpretation of the Individual Test Items on the Fullerton Advanced Balance (FAB) Scale for Possible Underlying Impairments

Item	Possible impairments	Recommended exercises
1. Stand with feet together and eyes closed	1. Weak hip abductors/adductors	Lateral weight shifts against resistance; side leg raises against gravity/resistance
	2. Poor COG control	Progressive standing balance activities with reduced base of support Seated/standing balance activities emphasizing weight shifts in multiple directions
	3. Poor reception and/or central organization of somatosensory information.	Multisensory training; standing balance activities with vision reduced, engaged, or absent (reduced base of support and weight-shifting activities in anterior-posterior and lateral directions)
	4. Fear-of-falling	Confidence-building activities - slower progression through standing balance activities with vision manipulated. See HAQ # 12 response for confirmation.
2. Reach forward to retrieve object	1. Reduced limits of stability	Seated/standing trunk leaning activities Seated/standing weight shift activities in multiple directions
	2. Reduced ankle ROM	Ankle circles, heel lifts, and drops from height Ankle strengthening with resistance band
	3. Fear of falling	Confidence-building activities—slower progression through COG activities to ensure success is high.
	4. Lower body muscle weakness	Wall sits or chair stands; LB exercises against resistance (gravity; ankle weights).
3. Turn in a full circle	1. Poor dynamic COG control	Standing weight transfer activities; gait pattern enhancement (turns, directional changes) and variation (altered step lengths, cone walking).
	2. Poor central organization and integration of sensory information.	Multisensory training (emphasize use of vision, vestibular systems for balance). Gaze stabilization emphasized. Head and eye movement coordination exercises; turning; directional changes; marching and walking with head turns.
	3. Lower body weakness	LB exercises with resistance; emphasize hip and knee flexion; hip abduction/adduction; ankle dorsi and plantarflexion.
4. Step up and over	1. Poor dynamic control of body	Seated/standing/moving balance activities emphasizing weight shifts, and transfers against gravity. Standing COG activities with reduced base of support
	2. Lower body weakness	LB exercises with resistance (own body/resistance band; emphasize sustained unilateral stance positions) and hip abductor strengthening.
	3. Reduced ROM at ankle, knee, hip	Flexibility exercises emphasizing hip/knee/ankle flexion; seated and standing.
	4. Poor central organization and integration of sensory inputs	Standing and moving multisensory training activities (emphasize use of different sensory inputs for balance).



Item	Possible impairments	Recommended exercises
5. Tandem walk	1. Poor dynamic control of body	Standing activities with altered base of support Moving COG control activities; emphasize anterior-posterior directional control during weight shifts
	2. Poor central organization and integration of sensory inputs	Standing and moving multisensory training activities (emphasize use of vision and somatosensation for balance).
	3. Weak hip abductors/adductors	Side leg raise against gravity/resistance; lateral weight shift and lunge activities
6. Stand on one leg	1. Poor COG control	Standing weight shifts and transfers in multiple directions; reduced base of support activities
	2. Lower body muscle weakness	LB exercises with resistance (body/resistance band); emphasize hip abductors/adductors
	3. Poor use of vision	Activities emphasizing gaze stabilization.
	4. Impaired reception of somatosensory inputs.	Standing multisensory activities emphasizing use of vision and vestibular systems for balance
7. Stand on foam with eyes closed	1. Poor central organization and integration of sensory information	Seated/standing activities performed with reduced/engaged/absent vision on altered surfaces
	2. Lower body muscle weakness	LB exercises with resistance (body/resistance band); emphasize quadriceps, gastrocnemius/soleus, hip abductor muscle groups
	3. Heightened fear of falling when vision absent	Confidence-building activities with vision engaged, slowly progressing to activities with reduced and absent vision
8. Two-footed jump	1. Poor dynamic control of body	Standing/moving COG activities emphasizing leaning away from and back to midline Seated balance activities against gravity
	2. Poor upper and lower body coordination	Selected exercises to improve UB and LB coordination; multiple task activities
	3. Lower body muscle weakness	LB exercises with resistance (body/resistance band) performed at progressively faster speeds. Emphasize knee and hip flexion, hip abduction, ankle dorsiflexor/plantarflexion.
9. Walk with head turns	1. Poor central organization and integration of sensory inputs	Head and eye movement coordination exercises; gait pattern enhancement (turns, directional changes); standing and moving multisensory activities emphasizing use of vision and vestibular systems for balance)
	2. Poor dynamic control of body	Standing/moving activities with head turns; progressively increase speed and frequency of head turns
10. Reactive postural control	1. Absent postural strategy (i.e., step)	Activities emphasizing step strategy (i.e., voluntary step activities progressing to resistance band release activity) in all directions
	2. Poor dynamic control of body	Standing and moving COG control activities; volitional stepping activities in multiple directions
	3. Lower body muscle weakness	LB exercises with resistance; emphasize hip and knee flexion; hip abduction/adduction; dorsi/plantarflexion

Note: COG=center of gravity; LB=lower body; UB=upper body.