The Activities-specific Balance Confidence (ABC) Scale*

Instructions to Participants:
For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady from choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have any questions about answering any of these items, please ask the administrator.

The Activities-specific Balance Confidence (ABC) Scale*
For each of the following activities, please indicate your level of self confidence by choosing a corresponding number from the following rating scale:

0% 10 20 30 40 50 60 70 80 90 100%
no confidence completely confident

"How confident are you that you will not lose your balance or become unsteady when you...

1. ...walk around the house? 90%
2. ...walk up or down stairs? 90%
3. ...bend over and pick up a slipper from the front of a closet floor 75%
4. ...reach for a small can off a shelf at eye level? 100%
5. ...stand on your tiptoes and reach for something above your head? 90%
6. ...stand on a chair and reach for something? 30%
7. ...sweep the floor? 75%
8. ...walk outside the house to a car parked in the driveway? 100%
9. ...get into or out of a car? 100%
10. ...walk across a parking lot to the mall? 90%
11. ...walk up or down a ramp? 80%
12. ...walk in a crowded mall where people rapidly walk past you? 75%
13. ...are bumped into by people as you walk through the mall? 50%
14. ...step onto or off an escalator while you are holding onto a railing? 50%
15. ...step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? 30%
16. ...walk outside on icy sidewalks? 60%

The Dizziness Handicap Inventory (DHI)

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer by circling "yes", "no", or "sometimes" for each question. Answer each question as it pertains to your dizziness or unsteadiness problem only.

P1 Does looking up increase your problem? YES NO SOMETIMES
E2 Because of your problem, do you feel frustrated? YES NO SOMETIMES
F3 Because of your problem, do you restrict your travel for business or recreation? YES NO SOMETIMES
P4 Does walking down the aisle of a supermarket increase your problem? YES NO SOMETIMES
F5 Because of your problem, do you have difficulty getting into or out of bed? YES NO SOMETIMES
F6 Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing, or to parties? YES NO SOMETIMES
F7 Because of your problem, do you have difficulty reading? YES NO SOMETIMES
P8 Does performing more ambitious activities like sports, dancing, household chores such as sweeping, or putting away dishes increase your problem? YES NO SOMETIMES
E9 Because of your problem, are you afraid to leave your home without having someone to accompany you? YES NO SOMETIMES
E10 Because of your problem, have you been embarrassed in front of others? YES NO SOMETIMES
P11 Do quick movements of your head increase your problem? YES NO SOMETIMES
F12 Because of your problem, do you avoid heights? YES NO SOMETIMES
P13 Does turning over in bed increase your problem? YES NO SOMETIMES
F14 Because of your problem, is it difficult for you to do strenuous housework or yard work? YES NO SOMETIMES
E15 Because of your problem, are you afraid people might think you are intoxicated? YES NO SOMETIMES
F16 Because of your problem, is it difficult for you to go for a walk by yourself? YES NO SOMETIMES
P17 Does walking down a sidewalk increase your problem? YES NO SOMETIMES
E18 Because of your problem, is it difficult for you to concentrate? YES NO SOMETIMES
F19 Because of your problem, is it difficult for you to walk around your house in the dark? YES NO SOMETIMES
E20 Because of your problem, are you afraid to stay home alone? YES NO SOMETIMES
E21 Because of your problem, do you feel handicapped? YES NO SOMETIMES
E22 Has the problem placed stress on your relationships with members of your family or friends? YES NO SOMETIMES
E23 Because of your problem, are you depressed? YES NO SOMETIMES
F24 Does your problem interfere with your job or household responsibilities? YES NO SOMETIMES
P25 Does bending over increase your problem? YES NO SOMETIMES

P-20 E-12 F-16

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## Motion Sensitivity Testing

Name: **Case Study #2**  
Date: _______  
Initial / Follow-up _______

<table>
<thead>
<tr>
<th>Baseline symptoms</th>
<th>Intensity</th>
<th>Duration</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sitting to supine</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. Supine to left side</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>3. Supine to right side</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4. Supine to sitting</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>5. Left Halipike-Dix</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>6. Up from left HD</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>7. Right Halipike-Dix</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>8. Up from right HD</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>9. Sitting, head tipped to left knee</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>10. Head up from left knee</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>11. Sitting, head tipped to right knee</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>12. Head up from right knee</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>13. Sitting head turns (5x)</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>14. Sitting head pitches (5x)</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>15. In stance, 180 degree turn to left</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>16. In stance, 180 degree turn to right</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

**MSQ = Total Score * (# positions) / 20.48**  
90 x 16  
MSQ = 70.3

**Interpretation:**  
MSQ:  
- 0-10 is mild;  
- 11-30 is moderate;  
- 31-100 is severe
Dynamic Gait Index Score Sheet
(Adapted from Shumway-Cook & Woollacott Motor Control: Theory and Practical Applications, 1995)

PATIENT: **Case Study #2**  
DATE: __________

1. Gait level surface

*Instructions:* Walk at your normal speed from here to the next mark (20')

*Grading:* Mark the lowest category that applies.

- **Normal:** Walks 20', no assistive devices, good speed, no evidence for imbalance, normal gait pattern.
- **Mild Impairment:** Walks 20', uses assistive devices, slower speed, mild gait deviations.
- **Moderate Impairment:** Walks 20', slow speed, abnormal gait pattern, evidence for imbalance.
- **Severe Impairment:** Cannot walk 20' without assistance, severe gait deviations or imbalance.

2. Change in gait speed

*Instructions:* Begin walking at your normal pace (for 5'), when I tell you "go," walk as fast as you can (for 5'). When I tell you "slow," walk as slowly as you can (for 5').

*Grading:* Mark the lowest category that applies.

- **Normal:** Able to smoothly change walking speed without loss of balance or gait deviation. Shows a significant difference in walking speeds between normal, fast and slow speeds.
- **Mild Impairment:** Is able to change speed but demonstrates mild gait deviations, or no gait deviations but is unable to achieve a significant change in velocity, or uses an assistive device.
- **Moderate Impairment:** Makes only minor adjustments to walking speed, or accomplishes a change in speed with significant gait deviations, or changes speed but loses significant gait deviations, or changes speed but loses balance but is able to recover and continue walking.
- **Severe Impairment:** Cannot change speeds, or loses balance and has to reach for wall or be caught.

3. Gait with horizontal head turns

*Instructions:* Begin walking at your normal pace. When I tell you to "look right," keep walking straight, but turn your head to the right. Keep looking to the right until I tell you, "look left," then keep walking straight and turn your head to the left. Keep your head to the left until I tell you "look straight," then keep walking straight, but return your head to the center.

*Grading:* Mark the lowest category that applies.

- **Normal:** Performs head turns smoothly with no change in gait.
- **Mild Impairment:** Performs head turns smoothly with slight change in gait velocity, i.e., minor disruption to smooth gait path or uses walking aid.
- **Moderate Impairment:** Performs head turns with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.
- **Severe Impairment:** Performs task with severe disruption of gait, i.e., staggers, outside 15" path, loses balance, stops, reaches for wall.

4. Gait with vertical head turns

*Instructions:* Begin walking at your normal pace. When I tell you to "look up," keep walking straight, but tip your head up. Keep looking up until I tell you, "look down," then keep walking straight and tip your head down. Keep your head down until I tell you "look straight," then keep walking straight, but return your head to the center.

*Grading:* Mark the lowest category that applies.

- **Normal:** Performs head turns smoothly with no change in gait.
- **Mild Impairment:** Performs task with slight change in gait velocity, i.e., minor disruption to smooth gait path or uses walking aid.
- **Moderate Impairment:** Performs task with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.
- **Severe Impairment:** Performs task with severe disruption of gait, i.e., staggers, outside 15" path, loses balance, stops, reaches for wall.

5. Gait and pivot turn

*Instructions:* Begin walking at your normal pace. When I tell you, "turn and stop," turn as quickly as you can to face the opposite direction and stop.

*Grading:* Mark the lowest category that applies.

- **Normal:** Pivot turns safely within 3 seconds and stops quickly with no loss of balance.
- **Mild Impairment:** Pivot turns safely in > 3 seconds and stops with no loss of balance.
- **Moderate Impairment:** Turns slowly, requires verbal cueing, requires several small steps to catch balance following turn & stop.
- **Severe Impairment:** Cannot turn safely, requires assistance to turn and stop.
Dynamic Gait Index Score Sheet  
(Adapted from Shumway-Cook & Woolacott Motor Control: Theory and Practical Applications, 1995)

6. Step over obstacle  
**Instructions:** Begin walking at your normal speed. When you come to the shoebox, step over it, not around it, and keep walking.  
**Grading:** Mark the lowest category that applies.  
- **Normal:** Is able to step over the box without changing gait speed, no evidence of imbalance.  
- **Mild Impairment:** Is able to step over box, but must slow down and adjust steps to clear box safely.  
- **Moderate Impairment:** Is able to step over box but must stop, then step over. May require verbal cueing.  
- **Severe Impairment:** Cannot perform without assistance.  

7. Step around obstacles  
**Instructions:** Begin walking at normal speed. When you come to the first cone (about 6' away), walk around the right side of it. When you come to the second cone (6' past first cone), walk around it to the left.  
**Grading:** Mark the lowest category that applies.  
- **Normal:** Is able to walk around cones safely without changing gait speed; no evidence of imbalance.  
- **Mild Impairment:** Is able to step around both cones, but must slow down and adjust steps to clear cones.  
- **Moderate Impairment:** Is able to clear cones but must significantly slow speed to accomplish task, or requires verbal cueing.  
- **Severe Impairment:** Unable to clear cones, walks into one or both cones, or requires physical assistance.  

8. Steps  
**Instructions:** Walk up these stairs as you would at home, i.e., using the railing if necessary. At the top, turn around and walk down.  
**Grading:** Mark the lowest category that applies.  
- **Normal:** Alternating feet, no rail.  
- **Mild Impairment:** Alternating feet, must use rail.  
- **Moderate Impairment:** Two feet to a stair, must use rail.  
- **Severe Impairment:** Cannot do safely.  

**TOTAL SCORE:**  

Scoring Information: 21/24 or above = minimal to no risk for falls  
Below 21 indicates risk for falls and the lower the score the more the risk  
Common score for moderate stage Parkinson Disease = 9-11/24.