[Name of HH Agency]
Phone:
Fax:

TINETTI ASSESSMENT

EPISODE: 08/30/14 - 10/28/14

09/05/14

PATIENT:
DOB:

BALANCE TESTS		
Sitting balance	Leans or slides in chair = 0 Steady, safe = 1	1
Arises	Unable without help = 0 Able, uses arms to help = 1 Able without using arms = 2	1
Attempts to rise	Unable without help = 0 Able, requires > 1 attempt = 1 Able on first attempt = 2	2
Immediate standing balance (first 5 seconds)	Unsteady (swaggers, moves feet, trunk sways) = 0 Steady but uses walker or other support = 1 Steady without walker or other support = 2	1
Standing balance	Unsteady = 0 Steady but wide stance and requires support = 1 Narrow stance without support = 2	1
Sternal nudge (feet close together)	Begins to fall = 0 Staggers, grabs, catches self = 1 Steady = 2	0
Eyes closed (feet close together)	Unsteady = 0 Steady = 1	0
Turning 360°	Discontinuous steps = 0 Continuous steps = 1	0
Turning 360°	Unsteady (grabs, staggers) = 0 Steady = 1	0
Sitting down	Unsafe (misjudges distance, falls) = 0 Uses arms or not a smooth motion = 1 Safe, smooth motion = 2	1
Balance Score:		**7 / 16**
GAIT TESTS		
Gait initiation (immediate after told go)	Any hesitancy, multiple attempts to start = 0 No hesitancy = 1	1
Step length	R swing foot does not pass L stance foot = 0 R swing foot passes L stance foot = 1 L swing foot does not pass R stance foot = 0 L swing foot passes R stance foot = 1	1 1
Foot clearance	R foot does not completely clear floor = 0 R foot completely clears floor = 1 L foot does not completely clear floor = 0 L foot completely clears floor = 1	1 1
Step symmetry	R and L step length unequal = 0 R and L step length equal = 1	0
Step continuity	Stopping or discontinuity between steps = 0 Steps appear continuous = 1	1
Path (excursion)	Marked deviation = 0 Mild/moderate deviation or uses device = 1 Straight without assistive device = 2	1
Trunk	Marked sway or uses assistive device = 0 No sway, but knee or trunk flexion or spreads arms while walking = 1 None of above deviations = 2	0
Walking stance	Heels apart = 0 Heels almost touching while walking = 1	0
Gait Score:		**7 / 12**
Balance + Gait Score (<19 = High risk of falling, 19 to 24 = Increased risk, >24 = Low risk):		**14 / 28**

COMPLETED AND ELECTRONICALLY SIGNED BY _____, PT