eAppendix.
Balance Evaluation Systems Test (BESTest)[a]

Test Number/Subject Code _____   **Date** _____

Examiner Name _____

Examiner Instructions for BESTest
1. Subjects should be tested with flat-heeled shoes or with shoes and socks off.
2. If subject must use an assistive device for an item, score that item one category lower.

Tools Required
- Stopwatch
- Measuring tape mounted on wall for Functional Reach Test
- Approximately 60×60 cm (2×2 ft) block of 4-inch, medium-density, Tempur® foam[b]
- 10-degree incline ramp (at least 2×2 ft) to stand on
- Stair step, 15 cm (6 in) in height for alternate stair tap
- 2 stacked shoe boxes for obstacle during gait
- 2.5-kg (5-lb) free weight for rapid arm raise
- Firm chair with arms with 3 m in front marked with tape for Timed "Get Up & Go" Test
- Masking tape to mark 3-m and 6-m lengths on the floor for Timed "Get Up & Go" Test

Summary of Performance: Calculate Percent Score

Section I: _____/15 × 100 = _____ **Biomechanical Constraints**

Section II: _____/21 × 100 = _____ **Stability Limits/Verticality**

Section III: _____/18 × 100 = _____ **Anticipatory Postural Adjustments**

Section IV: _____/18 × 100 = _____ **Postural Responses**

Section V: _____/15 × 100 = _____ **Sensory Orientation**

Section VI: _____/21 × 100 = _____ **Stability in Gait**

TOTAL: _____/108 points = _____ **Percent Total Score**

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Balance Evaluation Systems Test (BESTest) Interrater Reliability

Subjects should be tested with flat-heeled shoes or shoes and socks off. If subject must use an assistive device for an item, score that item one category lower. If subject requires physical assistance to perform an item, score the lowest category (0) for that item.

I. Biomechanical Constraints   Section I: _____/15 Points

1. Base of support
    (3) Normal: Both feet have normal base of support with no deformities or pain
    (2) One foot has deformities and/or pain
    (1) Both feet have deformities *OR* pain
    (0) Both feet have deformities *AND* pain

2. CoM alignment
    (3) Normal AP and ML CoM alignment and normal segmental postural alignment
    (2) Abnormal AP *OR* ML CoM alignment *OR* abnormal segmental postural alignment
    (1) Abnormal AP *OR* ML CoM alignment *AND* abnormal segmental postural alignment
    (0) Abnormal AP *AND* ML CoM alignment

3. Ankle strength and range
    (3) Normal: Able to stand on toes with maximal height and to stand on heels with front of feet up
    (2) Impairment in either foot of either ankle flexors or extensors (ie, less than maximum height)
    (1) Impairment in two ankle groups (eg, bilateral flexors or both ankle flexors and extensors in one foot)
    (0) Both flexors and extensors in both left and right ankles impaired (ie, less than maximum height)

4. Hip/trunk lateral strength
    (3) Normal: Abducts both hips to lift the foot off the floor for 10 s while keeping trunk vertical
    (2) Mild: Abducts both hips to lift the foot off the floor for 10 s but without keeping trunk vertical
    (1) Moderate: Abducts only one hip off the floor for 10 s with vertical trunk
    (0) Severe: Cannot abduct either hip to lift a foot off the floor for 10 s with trunk vertical or without trunk vertical

5. Sit on floor and stand up   *Time _____ seconds*
    (3) Normal: Independently sits on the floor and stands up
    (2) Mild: Uses a chair to sit on floor *OR* to stand up
    (1) Moderate: Uses a chair to sit on floor *AND* to stand up
    (0) Severe: Cannot sit on floor or stand up, even with a chair, or refuses

II. Stability Limits/Verticality   Section II: _____/21 Points

6. Sitting verticality and lateral lean

		Lean			Verticality
Left	**Right**		**Left**	**Right**	
(3)	(3)	Maximum lean, subject moves upper shoulders beyond body midline, very stable	(3)	(3)	Realigns to vertical with very small or no overshoot
(2)	(2)	Moderate lean, subject's upper shoulder approaches body midline or some instability	(2)	(2)	Significantly overshoots or undershoots but eventually realigns to vertical
(1)	(1)	Very little lean, or significant instability	(1)	(1)	Failure to realign to vertical
(0)	(0)	No lean or falls (exceeds limits)	(0)	(0)	Falls with the eyes closed

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7. Functional reach forward   *Distance reached:* _____ *cm OR* _____ *inches*
   (3) Maximum to limits: >32 cm (12.5 in)
   (2) Moderate: 16.5–32 cm (6.5–12.5 in)
   (1) Poor: <16.5 cm (6.5 in)
   (0) No measurable lean—or must be caught

8. Functional reach lateral   *Distance reached:* **Left** _____ *cm (_____ in)*   **Right** _____ *cm (_____ in)*

Left	Right	
(3)	(3)	Maximum to limit: >25.5 cm (10 in)
(2)	(2)	Moderate: 10–25.5 cm (4–10 in)
(1)	(1)	Poor: <10 cm (4 in)
(0)	(0)	No measurable lean, or must be caught

III. Anticipatory Postural Adjustments   Section III: _____/18 Points

9. Sit to stand
   (3) Normal: Comes to stand without the use of hands and stabilizes independently
   (2) Comes to stand on the first attempt with the use of hands
   (1) Comes to stand after several attempts or requires minimal assist to stand or stabilize or requires touch of back of leg or chair
   (0) Requires moderate or maximal assist to stand

10. Rise to toes
   (3) Normal: Stable for 3 s with good height
   (2) Heels up, but not full range (smaller than when holding hands so no balance requirement) *OR* slight instability and holds for 3 s
   (1) Holds for less than 3 s
   (0) Unable

11. Stand on one leg

Left	*Time in seconds* _____	Right	*Time in seconds* _____
(3) Normal: Stable for >20 s		(3) Normal: Stable for >20 s	
(2) Trunk motion, *OR* 10–20 s		(2) Trunk motion, *OR* 10–20 s	
(1) Stands 2–10 s		(1) Stands 2–10 s	
(0) Unable		(0) Unable	

12. Alternate stair touching   *# of successful steps:* _____   *Time in seconds:* _____
   (3) Normal: Stands independently and safely and completes 8 steps in <10 s
   (2) Completes 8 steps in <10 seconds, but shows instability such as inconsistent foot placement, excessive trunk motion, hesitation, or arhythmical stepping
   (1) Completes <8 steps—without assistance (ie, assistive device) *OR* >10 s for 8 steps
   (0) Completes <8 steps in 10 s, even with assistive device

13. Standing arm raise
   (3) Normal: Remains stable
   (2) Visible sway
   (1) Steps to regain equilibrium/unable to move quickly without losing balance
   (0) Unable, or needs assistance for stability

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IV. Postural Responses   Section IV: _____/18 Points

14. In-place response—forward
(3) Recovers stability with ankles, no added arm or hip motion
(2) Recovers stability with arm or hip motion
(1) Takes a step to recover stability
(0) Would fall if not caught *OR* requires assist *OR* will not attempt

15. In-place response—backward
(3) Recovers stability at ankles, no added arm/hip motion
(2) Recovers stability with some arm or hip motion
(1) Takes a step to recover stability
(0) Would fall if not caught *OR* requires assistance *OR* will not attempt

16. Compensatory stepping correction—forward
(3) Recovers independently with a single, large step (second realignment step is allowed)
(2) More than one step used to recover equilibrium, but recovers stability independently *OR* one step with imbalance
(1) Takes multiple steps to recover equilibrium, or needs minimum assistance to prevent a fall
(0) No step *OR* would fall if not caught *OR* falls spontaneously

17. Compensatory stepping correction—backward
(3) Recovers independently with a single, large step
(2) More than one step used, but stable and recovers independently *OR* one step with imbalance
(1) Takes several steps to recover equilibrium or needs minimum assistance
(0) No step *OR* would fall if not caught *OR* falls spontaneously

18. Compensatory stepping correction—lateral

Left

(3) Recovers independently with one step
    of normal length/width (crossover or lateral OK)
(2) Several steps used, but recovers independently
(1) Steps, but needs to be assisted to prevent a fall
(0) Falls, or cannot step

Right

(3) Recovers independently with one step of normal length/width (crossover or lateral OK)
(2) Several steps used, but recovers independently
(1) Steps, but needs to be assisted to prevent a fall
(0) Falls, or cannot step

V. Sensory Orientation   Section V: _____/15 Points

19. Sensory integration for balance (modified CTSIB)

A–Eyes open, firm surface	B–Eyes closed, firm surface	C–Eyes open, foam surface	D–Eyes closed, foam surface
Trial 1 ____ s	Trial 1 ____ s	Trial 1 ____ s	Trial 1 ____ s
Trial 2 ____ s	Trial 2 ____ s	Trial 2 ____ s	Trial 2 ____ s
(3) 30 s stable	(3) 30 s stable	(3) 30 s stable	(3) 30 s stable
(2) 30 s unstable	(2) 30 s unstable	(2) 30 s unstable	(2) 30 s unstable
(1) <30 s	(1) <30 s	(1) <30 s	(1) <30 s
(0) Unable	(0) Unable	(0) Unable	(0) Unable

20. Incline–eyes closed

Toes Up
(3) Stands independently, steady without excessive sway, holds 30 s, and aligns with gravity
(2) Stands independently 30 s with greater sway than in item 19B *OR* aligns with surface
(1) Requires touch assist *OR* stands without assist for 10–20 s
(0) Unable to stand >10 s *OR* will not attempt independent stance

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VI. Stability in Gait   Section V: _____/21 points

21. Gait–level surface   *Time _____ seconds*
> (3) Normal: Walks 20 ft, good speed (≤5.5 s), no evidence of imbalance
> (2) Mild: Walks 20 ft, slower speed (>5.5 s), no evidence of imbalance
> (1) Moderate: Walks 20 ft, evidence of imbalance (wide base, lateral trunk motion, inconsistent step path)— at any preferred speed
> (0) Severe: Cannot walk 20 ft without assistance or severe gait deviations *OR* severe imbalance

22. Change in gait speed
> (3) Normal: Significantly changes walking speed without imbalance
> (2) Mild: Unable to change walking speed without imbalance
> (1) Moderate: Changes walking speed but with signs of imbalance
> (0) Severe: Unable to achieve significant change in speed *AND* signs of imbalance

23. Walk with head turns—horizontal
> (3) Normal: Performs head turns with no change in gait speed and good balance
> (2) Mild: Performs head turns smoothly with reduction in gait speed
> (1) Moderate: Performs head turns with imbalance
> (0) Severe: Performs head turns with reduced speed *AND* imbalance *AND/OR* will not move head within available range while walking

24. Walk with pivot turns
> (3) Normal: Turns with feet close, fast (≤3 steps) with good balance
> (2) Mild: Turns with feet close, slow (≥4 steps) with good balance
> (1) Moderate: Turns with feet close at any speed with mild signs of imbalance
> (0) Severe: Cannot turn with feet close at any speed and significant imbalance

25. Step over obstacles   *Time _____ seconds*
> (3) Normal: able to step over 2 stacked shoe boxes without changing speed and with good balance
> (2) Mild: steps over 2 stacked shoe boxes but slows down, with good balance
> (1) Moderate: steps over shoe boxes with imbalance or touches box.
> (0) Severe: cannot step over shoe boxes *AND* slows down with imbalance or cannot perform with assistance.

26. Timed "Get Up & Go" Test   *Get Up & Go: Time _____ seconds*
> (3) Normal: Fast (<11 s) with good balance
> (2) Mild: Slow (>11 s) with good balance
> (1) Moderate: Fast (<11 s) with imbalance
> (0) Severe: Slow (>11 s) *AND* imbalance

27. Timed "Get Up & Go" Test With Dual Task   *Dual Task: Time _____ seconds*
> (3) Normal: No noticeable change between sitting and standing in the rate or accuracy of backward counting and no change in gait speed
> (2) Mild: Noticeable slowing, hesitation, or errors in counting backwards *OR* slow walking (10%) in dual task
> (1) Moderate: Affects on *BOTH* the cognitive task *AND* slow walking (>10%) in dual task
> (0) Severe: Cannot count backward while walking or stops walking while talking

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Instructions for BESTest

Biomechanical Constraints

1. Base of support

Examiner Instructions: Closely examine both feet to look for deformities or complaints of pain such as abnormal pronation/supination, abnormal or missing toes, pain from plantar fasciitis, bursitis, etc.

Patient: Stand up in your bare feet and tell me if you currently have any pain in your feet or ankles or legs.

2. CoM alignment

Examiner Instructions: Look at the patient from the side and imagine a vertical line through their center of body mass (CoM) to the feet. (The CoM is the imaginary point inside or outside the body about which the body would rotate if floating in outer space.) In an adult, standing erect, a vertical line through the CoM to the support surface is aligned in front of the vertebrae at the umbilicus and passes about 2 cm in front of the lateral malleolus, centered between the two feet. Abnormal segmental postural alignment such as scoliosis or kyphosis or asymmetries may or may not affect CoM alignment.

Patient: Stand relaxed, looking straight ahead.

3. Ankle strength and range

Examiner Instructions: Ask the patient to rest their fingertips in your hands for support while they stand on their toes as high as possible and then stand on their heels. Watch for height of heel and toe lift.

Patient: Rest your fingers in my hands for support while you stand on your toes. Now stand on your heels by lifting up your toes. Maintain each position for 3 s.

4. Hip/trunk lateral strength

Examiner Instructions: Ask the patient to rest their fingertips in your hands while they lift their leg to the side off the floor and hold. Count for 10 s while their foot is off the floor with a straight knee. If they must use moderate force on your hands to keep their trunk upright, score as without keeping trunk vertical.

Patient: Lightly rest your fingertips in my hands while you lift your leg out to the side and hold until I tell you to stop. Try to keep your trunk vertical while you hold your leg out.

5. Sit on floor and stand up

Examiner Instructions: Start with the patient standing near a sturdy chair. The patient can be considered to be sitting when both buttocks are on the floor. If the task takes more than 2 minutes to complete, with or without a chair, score 0. If the patient requires any physical assistance, score 0.

Patient: Are you able to sit on the floor and then stand up in less than 2 minutes? If you need to use a chair to help you go onto the floor or to stand up, go ahead, but your score will be affected. Let me know if you cannot sit on the floor or stand up without my help.

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Stability Limits/Verticality

6. Verticality and lateral lean

Examiner Instructions: Patient is sitting comfortably on a firm, level, armless surface (bench or chair) with feet flat on floor. It is okay to lift ischium or feet when leaning. Watch to see if the patient returns to vertical smoothly without overshooting or undershooting. Score the worst performance to each side.

Patient: Cross your arms over your chest. Place feet shoulder width apart. I'll be asking you to close your eyes and lean to one side as far as you can. You'll keep your spine straight and lean sideways as far as you can without losing your balance *OR* using your hands. Keeping your eyes closed, return to your starting position when you've leaned as far as you can. It's okay to lift your buttocks and feet. Close your eyes. Lean now. (*REPEAT* other side)

7. Functional reach forward

Examiner Instructions: Examiner places the ruler at the end of the fingertips when the arms are out at 90 degrees. The patient may not lift heels, rotate trunk, or protract scapula excessively. Patient must keep their arms parallel to ruler and may use less-involved arm. The recorded measure is the maximum horizontal distance reached by the patient. Record best reach.

Patient: Stand normally. Please lift both arms straight in front of you, with fingertips held even. Stretch your fingers and reach forward as far as you can. Don't lift your heels. Don't touch the ruler or the wall. Once you've reached as far forward as you can, please return to a normal standing position. I will ask you to do this two times. Reach as far as you can.

8. Functional reach lateral

Examiner Instructions: Have patient align feet evenly so that the fingertips, when the arm is out at 90 degrees, are at the start of the ruler. The recorded measurement is the maximum horizontal distance reached by the patient. Record the best reach. Make sure the patient starts in neutral. The patient is allowed to lift one heel off the floor but not the entire foot.

Patient: Stand normally with feet shoulder width apart. Arms at your sides. Lift your arm out to the side. Your fingers should not touch the ruler. Stretch your fingers and reach out as far as you can. Do not lift your toes off the floor. Reach as far as you can. (*REPEAT* other side)

Anticipatory Postural Adjustments

9. Sit to stand

Examiner Instructions: Note the initiation of the movement, and the use of hands on the arms of the chair or their thighs or thrusts arms forward.

Patient: Cross arms across your chest. Try not to use your hands unless you must. Don't let your legs lean against the back of the chair when you stand. Please stand up now.

10. Rise to toes

Examiner Instructions: Allow the patient to try it twice. Record the best score. (If you suspect the patient is using less than their full height, ask them to rise up while holding the examiner's hands.) Make sure patients look at a target 4–12 ft away.

Patient: Place your feet shoulder width apart. Place your hands on your hips. Try to rise as high as you can onto your toes. I'll count out loud to 3 s. Try to hold this pose for at least 3 s. Look straight ahead. Rise now.

11. Stand on one leg

Examiner Instructions: Allow the patient two attempts and record the best. Record the seconds they can hold posture, up to a maximum of 30 s. Stop timing when patient moves their hands off hips or puts a foot down.

Patient: Look straight ahead. Keep your hands on your hips. Bend one leg behind you. Don't touch your raised leg on your other leg. Stay standing on one leg as long as you can. Look straight ahead. Lift now. (*REPEAT* other side)

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12. Alternate stair touching

Examiner Instructions: Use standard stair height of 6 in. Count the number of successful touches and the total time to complete the 8 touches. It's permissible for patients to look at their feet.

Patient: Place your hands on your hips. Touch the ball of each foot alternately on the top of the stair. Continue until each foot touches the stair four times (8 total taps). I'll be timing how quickly you can do this. Begin now.

13. Standing arm raise

Examiner Instructions: Use 2.5-kg (5-lb) weight. Have patients stand and lift weight with both hands to shoulder height. Patients should perform this as fast as they can. Lower score by 1 category if weight must be less than 2.5 kg (5 lb) and/or lifts <75 degrees.

Patient: Lift this weight with both hands from a position in front of you to shoulder level. Please do this as fast as you can. Keep your elbows straight when you lift and hold. Hold for my count of 3. Begin now.

Postural Responses

14. In-place response—forward

Examiner Instructions: Stand in front of the patient, place one hand on each shoulder and lightly push the patient backward until their anterior ankle muscles contract (and toes just start to extend), then suddenly release. Do not allow any pre-leaning by patient. Score only the best of 2 responses if the patient is unprepared or you pushed too hard.

Patient: For the next few tests, I'm going to push against you to test your balance reaction. Stand in your normal posture with your feet shoulder width apart, arms at your sides. Do not allow my hands to push you backward. When I let go, keep your balance without taking a step.

15. In-place response—backward

Examiner Instructions: Stand behind patient, place one hand on each scapula and isometrically hold against patient's backward push until heels are about to be lifted, not allowing trunk motion. Suddenly release. Do not allow any pre-leaning by patient. Score the best of 2 responses if patient is unprepared, or you pushed too hard.

Patient: Stand with your feet shoulder width apart, arms at your sides. Do not allow my hands to push you forward. When I let go, keep your balance without taking a step.

16. Compensatory stepping correction—forward

Examiner Instructions: Stand in front and to the side of patient with one hand on each shoulder and ask them to push forward. (Make sure there is room for them to step forward.) Require them to lean until their shoulders and hips are in front of their toes. Suddenly release your support when the patient is in place. The test must elicit a step. Be prepared to catch patient.

Patient: Stand with your feet shoulder width apart, arms at your sides. Lean forward against my hands beyond your forward limits. When I let go, do whatever is necessary, including taking a step, to avoid a fall.

17. Compensatory stepping correction—backward

Examiner Instructions: Stand in back and to the side of the patient with one hand on each scapula and ask them to lean backward. (Make sure there is room for them to step backward.) Require them to lean until their shoulders and hips are in back of their heels. Release your support when the patient is in place. Test must elicit a step.

Patient: Stand with your feet shoulder-width apart, arms down at your sides. Lean backward against my hands beyond your backward limits. When I let go, do whatever is necessary, including taking a step, to avoid a fall.

NOTE: Be prepared to catch patient.

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18. Compensatory stepping correction—lateral

Examiner Instructions: Stand behind the patient, place one hand on either the right (or left) side of the pelvis, and ask them to lean their whole vertical body into your hand. Require them to lean until the midline of pelvis is over the right (or left) foot, and then suddenly release your support.

Patient: Stand with your feet together, arms down at your sides. Lean into my hand beyond your sideways limit. When I let go, step if you need to, to avoid a fall.

NOTE: Be prepared to catch patient.

Sensory Orientation

19. Sensory integration for balance (modified CTSIB)

Examiner Instructions: Do the tests in order. Record the time the patient was able to stand in each condition to a maximum of 30 s. Repeat condition if not able to stand for 30 s, and record both trials (average for category). Use medium-density Tempur® foam, 4-in thick. Assist patient in stepping onto foam. Have the patient step off the foam between trials. Include leaning or hip strategy during a trial as "instability."

Patient: For the next 4 assessments, you'll either be standing on this foam or on the normal ground, with your eyes open or closed. Place your hands on your hips. Place your feet together until almost touching. Look straight ahead. Each time, stay as stable as possible until I say "stop."

20. Incline—eyes closed

Examiner Instructions: Aid the patient onto the ramp. Once the patient closes their eyes, begin timing. Repeat condition if not able to stand for 30 s and average both trials. Note if sway is greater than when standing on level surface with eyes closed (item 15B) or if poor alignment to vertical. Assist includes use of a cane or light touch any time during the trial.

Patient: Please stand on the incline ramp with your toes toward the top. Place your feet shoulder width apart. Place your hands on your hips. I will start timing when you close your eyes.

Stability in Gait

21. Gait—level surface

Examiner Instructions: Place two markers 20 ft (6 m) apart and visible to the patient on a level walkway. Use a stopwatch to time gait duration. Have patients start with their toes on the mark. Start timing with the stopwatch when the first foot leaves the ground and stop timing when both feet stop beyond the next mark.

Patient: Walk at your normal speed from here past the next mark and stop.

22. Change in speed

Examiner Instructions: Allow the patient to take 2–3 steps at their normal speed, and then say "fast"; after 2–3 fast steps, say "slow." Allow 2–3 slow steps before they stop walking.

Patient: Begin walking at your normal speed. When I tell you "fast," walk as fast as you can. When I say "slow," walk very slowly.

23. Walk with head turns—horizontal

Examiner Instructions: Ask the patient to turn their head and hold it so they are looking over their shoulder until you tell them to look over the opposite shoulder every 2–3 steps. If the patient has cervical restrictions, allow combined head and trunk movements (en bloc).

Patient: Begin walking at your normal speed. When I say "right," turn your head and look to the right. When I say "left," turn your head and look to the left. Try to keep yourself walking in a straight line.

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24. Walk with pivot turns

Examiner Instructions: Demonstrate a pivot turn. Once the patient is walking at normal speed, say "turn and stop." Count the steps from turn until the patient is stable. Instability is indicated by wide stance width, extra stepping, or trunk and arm motion.

Patient: Begin walking at your normal speed. When I tell you to "turn and stop," turn as quickly as you can to face the opposite direction and stop. After the turn, your feet should be close together.

25. Step over obstacle

Examiner Instructions: Place the 2 stacked boxes (9-in or 22.9-cm height) 10 ft away from where the patient will begin walking. Use a stopwatch to time gait duration to calculate average velocity by dividing the number of seconds into 20 ft. Look for hesitation, short steps and touch on obstacle.

Patient: Begin walking at your normal speed. When you come to the shoe boxes, step over them, not around them, and keep walking.

26. Timed "Get Up & Go" Test

Examiner Instructions: Have the patient sit with their backs against the chair. Time the patient from the time you say "go" until they return to sitting in chair. Stop timing when the patient's buttocks hit the chair bottom. The chair should be firm with arms to push from if necessary. Tools: tape on floor 3 m from the front of the chair legs**.**

Patient: When I say "go," stand up from the chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair. I will time how long it takes.

27. Timed "Get Up & Go" Test With Dual Task

Examiner Instructions: Before beginning, practice with the patient how to count backward from a number between 90 and 100 by 3s, to make sure they can do the cognitive task. Then ask them to count backward from a different number, and after a few numbers say "go" for the get up and go task. Time the patient from when you say "go" until they return to sitting. Stop timing when the patient's buttocks touch the chair bottom. The chair should be firm with arms to push from if necessary.

Patient: (a) Count backward by 3s starting at 100 *OR* (b) List random numbers, and when I say "go," stand up from the chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair, but continue listing numbers.

[a] The Balance Evaluation Systems Test (BESTest) may not be used or reproduced without written permission of Dr Fay Horak. Copyright 2008, Fay B Horak, PT, PhD. AP=anteroposterior, ML=mediolateral, CoM=center of mass, CTSIB=Clinical Test of Sensory Integration for Balance.
[b] Tempur-Pedic North America Inc, Medical Division, 1713 Jaggie Fox Way, Lexington, KY 40511.