

Balance Intensity Scale – Therapist (BIS-T)

STEP 1: BIS-T item checklist							
For any item 'unsure' or unable to be observed, score NO (+/-comments)					Date:		
PRE-TASK	ITEMS	Task 1:		Task 2:		Task 3:	
	Hesitation to Start	0	1	0	1	0	1
	1. Did the person hesitate, for any reason, before attempting the task?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Did the person hesitate more than 5 seconds before attempting the task?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
IN-TASK PERFORMANCE ANALYSIS	Starting Position						
	3. Did the person require more than one attempt to get into the starting position?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	Postural Reactions						
	4. Did you see any postural reaction associated with the task?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	5. Did you see any initiation of leg movement or actual step/s to control postural sway?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	6. Did you see any initiation of arm movement or actual reach or grab to control postural sway?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Bracing and Breathing							
7. Did the person hold any part of their body stiff or rigid during this task? <i>i.e. holding limb/s stiff or rigid, making fist, clenching jaw, pulling on own clothing or propping limbs e.g. hand on thigh, increased tone and associated reactions, shoulder elevation</i>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
8. Did the person change their breathing pattern during the task? <i>i.e. increased or decreased depth of breathing, sighing, breath holding or faster rate of breathing. More shallow breathing may be characterized by increased upper chest breathing, shoulder girdle elevation or abdominal movement.</i>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
OVERALL-TASK ANALYSIS	Balance Threshold						
	9. Did the person appear unsteady at any time while preparing for or performing tasks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	10. Did you have to say anything to prevent the person losing balance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	11. Did you have to provide any physical assistance to prevent the person losing balance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	12. Did the person fall* during the task? – NOT SCORED	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Total raw score:							
Rasch converted BIS-T score:							

*WHO definition: A fall is as an event which results in a person coming to rest *inadvertently* on the **ground or floor or other lower level**

STEP 2: Global Rating Balance Effort – score each task	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
How hard did the person work to maintain their balance?	1 – No effort 2 – A little effort 3 – Some effort 4 – A lot of effort 5 – Maximal effort														

Conversion of BIS-T raw score to BIS-T Rasch score

Raw score	0	1	2	3	4	5	6	7	8	9	10	11
Rasch score	0	10	19	26	32	38	44	51	60	71	84	100

Balance Intensity Scale – Exerciser (BIS-E)

Global Rating Scale of Balance Effort	1 – No effort at all	2 – A little effort	3 – Some effort	4 – A lot of effort	5 – Maximal effort
	TASK 1:	TASK 2:	TASK 3:		
How hard did you have to work to keep your balance during this task?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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