

Clinical Task Instruction

Delegated Task

D-MT01: Standing balance retraining program

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- safely and effectively educate/instruct and supervise clients undertaking a standing balance retraining program including:

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

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- explaining the purpose and procedure for each standing balance exercise
- facilitating and monitoring each standing balance exercise, including correcting common errors or causes of ineffective performance
- providing clear and relevant feedback to improve the client's performance for standing balance exercises.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling techniques including competence in the use of walk belts and assisting clients with standing transfers and walking.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43021 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Physiotherapy Learner Guide: Deliver and monitor a client-specific exercise program
 - Physiotherapy Learner Guide: Deliver and monitor an exercise program for mobility

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - the basic elements of upright standing and common deviations e.g. uneven weight bearing, wide base of support, flexed/stooped posture, hand support, pain, leg length discrepancy, etc
 - the basic principles of functional standing balance and common causes of balance problems and/or increased postural sway including poor vision, poor proprioception, vestibular and neuromuscular problems
 - common exercises used to retrain standing balance including potential performance errors and strategies used to correct performance.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - competence or ability to obtain competence in the use of monitoring equipment or tools for the local service implementation e.g. pain scale, rates of perceived exertion scale, heart rate, oxygen saturation, respiratory rate.

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - as the client has standing balance problems, the risk of falls is high, standby assistance is required at all times.
 - the use of footwear should be included as part of the delegation instruction. If the client is required to wear shoes, shoes should be enclosed, well-fitting and with good traction. If the client is to practice in bare feet, the flooring surface should be checked for safety including ensuring the temperature and texture are suitable.
 - if the client has medical/surgical restrictions or requirements these will be included as part of the delegation instruction. For example, hip precautions, weight bearing status, limitations to range of motion, wounds/pressure area care, need to wear a shoulder sling or range of motion brace during exercises. Restrictions must be adhered to at all times during the task. If restrictions cannot be maintained or do not match the delegation instruction, liaise with the delegating health professional prior to commencing the task.

Equipment, aids and appliances

- Ensure all equipment is clean, in good working order and matched to the client's needs e.g. seating has appropriate safe working load, height adjustment and seat dimensions, balls are inflated.

Environment

- The task should be performed in an environment that supports practice for the client. This may include minimising or introducing distractions, obstacles or supports e.g. parallel bars.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - specific standing balance exercises including the planned order for performance, number of repetitions and sets for each exercise, and the required environment and/or equipment e.g. parallel bars, blocks or cones.
 - any restrictions or adaptations for each exercise e.g. weight bearing, progression and/or regression parameters.
 - monitoring requirements and thresholds for each exercise delegated e.g. expected movement patterns, pain, rates of perceived exertion, heart rate.
 - client-specific adaptations including personal equipment, cognitive status, communication requirements e.g. orthosis or braces, glasses, hearing aids, English as a second language, communication tools and equipment.

2. Preparation

- Client exercise instruction sheet/s for the planned program.
- Gather and perform a safety check on the required equipment for use. Equipment may include; bed, table, chair, parallel bars, foam mat, block, cups/cones, markers, balls, etc.
- Review the medical record and/or speak to members of the healthcare team and client to determine if the client has experienced any change in health status since last reviewed by the delegating health professional. If the client has experienced a change in health status, liaise with the delegating health professional prior to commencing the task.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
 - I have been asked (by the delegating health professional) to assist you with your rehabilitation program to improve your balance.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
 - in standing.
- The allied health assistant's position during the task should be:
 - standing in a position that allows stand-by assistance of the task for safety and observation. For clients with an "affected side" the allied health assistant generally stands on the affected side (e.g. hemiplegia or total hip replacement side).

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Describe the planned exercise to the client and/or demonstrate as required.
 2. Inform the client of the expected number of repetitions and sets for the planned exercise.
 3. Set the client up to perform the exercise including any required environment and/or equipment.
 4. Request the client perform the exercise, monitoring performance for common problems. See the Learning resource.
 5. Provide feedback during the exercise to improve performance.
 6. Based on the client's performance, determine progression to the next planned exercise. Repeat steps 1 – 5 until the prescribed program has been completed or the task is ceased.
 7. After the exercise, provide feedback to the client regarding overall performance and achievement of the session goals.

- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - poor performance of the exercise. Check the activity set-up e.g. confirming the client's feet are in the correct position and match the delegation instruction. If required, correct the activity set-up and resume the task. If poor performance continues, reduce the training parameters of the exercise (time, repetitions or sets) or increase the base of support (wider foot position) to increase ease of performance. If poor performance persists, cease the task.
 - the client reports pain during or after task performance. Monitor the client using the agreed monitoring tool (a pain rating scale) and pause the activity. Discomfort from exercise should settle quickly once the exercise is ceased. If pain settles and the client was unable to attain the required training threshold, adjust parameters using guidance from the delegation instruction and recommence the task. If pain persists or does not settle quickly with exercise cessation, contact the medical team to request a review of the client's pain.
 - the client is observed to be holding their breath during task performance. This may be due to increased attentional demands. Ask the client to relax their breath and breathe normally. Determine the cause of the breath holding e.g. pain, concentration or habit. Continue to observe the client for breath holding. If breath holding continues, cease the task.
 - the client performs the exercises as prescribed, meeting the required performance criteria. Progress the exercises as per the delegation instruction. If there are no criteria for progression, liaise with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task
 - provide summary feedback to client, emphasising positive aspects of performance and areas to work on
 - provide instructions for independent practice of the task (including reinforcing safety considerations) if this was requested by the delegating health professional.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
 - the name of each exercise practiced,
 - the number of repetitions and sets completed for each exercise, and
 - performance observations including any difficulties experienced and/or monitoring requirements to complete the task and if these were maintained.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.
- The allied health assistant may also provide observations to the delegating health professional that support any change to the program.

References and supporting documents

- Carr JH, Shepherd RB (1987). A motor relearning programme for stroke. Butterworth-Heinemann: Oxford.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

D-MT01: Standing balance retraining program

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting the client exercise handout and equipment, setting up the practice environment and checking the clients functional and medical status.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Implements the prescribed exercise program by: - appropriately describing and/or demonstrating the exercise. - correctly setting up the practice environment for the exercise. - accurately monitors the client's performance during the task. - provides timely, accurate and appropriate feedback during the task. c) Confirms the client's capacity to participate in each prescribed activity before commencing. d) During the task, maintains a safe clinical environment and manages risks appropriately. e) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Notes on the local service model:			
The allied health assistant has been trained and assessed as competent to deliver the task for the following exercises:			
Performance criteria:	Knowledge acquired	Supervised task practice	Competency assessment
Standing Balance - Feet apart - Feet together - Stride stance - Tandem stance - Single leg stance - With head turns/body turns - Tapping foot to cone or markers - Cognitive tasks e.g. counting backwards in 3s, naming animals - With dynamic task e.g. throwing/catching a ball - On a different surface e.g. incline	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Standing Balance with reduced visual input - Feet apart - Feet together - Stride stance - Tandem stance - Single leg stance - With head turns/body turns - Cognitive tasks e.g. counting backwards in 3s, naming animals - On a different surface e.g. incline	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Standing Balance with reduced visual input - Feet apart - Feet together - Stride stance - Tandem stance - Single leg stance - With head turns/body turns - Cognitive tasks e.g. counting backwards in 3s, naming animals - On a different surface e.g. incline	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Standing Balance with reduced visual input • Feet apart • Feet together • Stride stance • Tandem stance • Single leg stance • With head turns/body turns • Cognitive tasks e.g. counting backwards in 3s, naming animals • On a different surface e.g. incline		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Standing Balance with external perturbations • Push/pull balance reaction training • Throwing further or in different directions • Throwing a smaller ball to catch with one hand (+/- against a wall) • Standing on foam for exercises • Adding a cognitive task during perturbations • Having feet closer together during the task		☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	
Comments:					
Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /
Scheduled review:					
Review date:	/ /				

Standing balance retraining program:

Learning resource

Table 1 (below) provides information on the set-up and monitoring requirements for common standing balance exercises including observations of poor performance and solutions to improve practice.

Clients are often provided a handout of their exercise program to facilitate independent practice. The delegating health professional will prescribe the required handout. Example client handouts and exercise programs are available at:

- PTX: PhysioTherapy eXercises for people with injuries and disabilities provide examples of graphics for clients handouts at: <https://www.physiotherapyexercises.com/>
- Later life training (2023) Otago Strength and Balance Home exercise program. Information for patients. Pages 16-36. Available at [OTAGO Strength and Balance](#)
- Safe Exercise at Home booklet available at: [Safe Exercise at Home booklet | Safe Exercise at Home](#)

Optional reading

- Physiopedia (2022):
 - Balance Training. Available at: https://www.physio-pedia.com/Balance_Training
 - Reactive Balance Training. Available at: https://www.physio-pedia.com/Reactive_Balance_Training?utm_source=physiopedia&utm_medium=related_articles&utm_campaign=ongoing_internal
 - Perturbation-Based Balance Training. Available at: https://www.physio-pedia.com/Perturbation-Based_Balance_Training?utm_source=physiopedia&utm_medium=related_articles&utm_campaign=ongoing_internal

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- Directors of Physiotherapy Services Queensland – Physiotherapy Assistant Clinical Training (PACT) (2020). Rehabilitation Modules: RH4. Ageing and Balance. Available at: <https://qheps.health.qld.gov.au/physiotherapy/html/pact2/pact-home%23>

Optional viewing

- Chartered Society of Physiotherapy (2017). Stay active at home – strength and balance exercises for older adults. Available at: <https://www.youtube.com/watch?v=n8s-8KtfgFM>

Table 1 Common standing balance exercise set up, monitoring requirements, observation and actions

Exercise: Standing balance - to improve the client's ability to maintain their centre of gravity over their base of support		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
General set up requirements: The client should be initially positioned close to support for safety e.g. beside a table or parallel bars or in the corner of a room. Instructions: "The physiotherapist has asked that we practice your standing balance. When I ask you to, I want you to stand with your feet hip width apart. Once you are steady, keep your balance without holding onto anything." Progression for this exercise includes reducing the client's base of support and/or adding dual task. For example: • Feet together • Stride stance • Tandem stance • Single leg stance • Tapping foot to cone or on markers • Cognitive tasks e.g. counting backwards in 3s, naming animals.	The client should maintain normal standing alignment throughout the task. The following information is adapted from Carr and Shepherd (1987), Chapter 7: Balanced Standing. A motor relearning programme for stroke and describes the essential components to maintain upright standing and common deviations observed. The essential components of standing alignment are: • feet a few inches apart • legs straight with hips in front of ankles • shoulders over hips • shoulders level with head balanced • trunk erect. As the client is practicing balance, hand support should only be used to ensure safety. Initially the exercise may focus on reducing hand support.	Observations: Loss of normal standing alignment and/or loss of balance including movement of the feet (stepping) or grasping for hand support. Breath holding, rigid body, tense shoulders/jaw and/or signs of increased concentration e.g. fixing gaze on a single point or slow to respond to questioning. Action: Provide verbal cues to stand with an upright, relaxed posture and even weight through heels and toes. Feedback: May include the time the client is able to maintain their balance without hand support, the amount of body sway during the task, the number of times the client needed to steady themselves with hand support or if performing manual or cognitive tasks the number of repetitions or errors.

Exercise: Standing balance with reduced visual input - to reduce the client's reliance on vision for maintaining balance		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
General set up requirements: The client should be positioned close to support for safety e.g. beside a table or parallel bars or in the corner of a room. Instructions: “The physiotherapist has asked that we practice your standing balance with your eyes closed. When I ask you to, I want you to stand with your feet hip width apart, without holding onto anything and balance keeping your eyes closed.” Progression for this exercise includes reducing their base of support. For example: • Feet together • Stride stance • Tandem stance • Single leg stance • Cognitive tasks.	The client should maintain normal standing alignment throughout the task. The client should be encouraged to reduce hand support reliance. The client should keep their eyes closed during the task. Monitor how much their postural sway changes. If postural sway becomes excessive, cease the task by asking the client to open their eyes, refocus and then recommence.	Observation: As above. Postural sway may increase markedly. Action: As above. Additionally, encourage the client to attend to and monitor the pressure through their feet for feedback on where their body weight is moving. Feedback: As above

Exercise: Standing balance with altered proprioceptive inputs - to challenge the client's proprioception		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
General set up requirements: The client should be positioned standing on a foam mat and close to support for safety e.g. beside a table or parallel bars or in the corner of a room. Instructions: “The physiotherapist has asked that we practice your standing balance on an unstable surface. When I ask you to, I want you to stand on the foam with your feet hip width apart, without holding onto anything and balance.” Progression for this exercise includes reducing their base of support, visual input or dual tasking. For example: • Feet together • Stride stance • Tandem stance • Single leg stance • Tapping leg to an object while standing on foam • Eyes closed (and then alter base of support) • Throwing a ball up/down or to someone • Cognitive tasks.	The client should maintain a relaxed standing posture throughout the task. The client should breathe normally during the task The clients postural sway may increase forward/backwards but they should be able to maintain their balance. If postural sway becomes excessive, cease the task by asking the client to hold onto support or open their eyes if closed, refocus and then recommence. As the client is practicing balance, hand support should only be used to ensure safety. Initially the exercise may focus on reducing hand support.	Observation: As above Action: As above Feedback: As above

Exercise: Standing balance - with internal perturbations		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
General set up requirement: The client should be positioned standing and close to support for safety e.g. beside a table or parallel bars or in the corner of a room. Instructions: “The physiotherapist has asked that we practice your standing balance with body movements. When I ask you to, I want you to stand with your feet hip width apart, without holding onto anything and balance while turning your head side to side.” Progression for this exercise includes increasing the size or complexity of body movements, reducing their base of support/visual input, standing on an unstable surface or dual tasking. For example: • Body turns • Reaching for objects (front, side, down or behind them) • Move feet in closer together (or stride stance/tandem /single leg) while adding body movements • Standing on a foam mat • Throw a ball up and down (+/- base of support changes) • Cognitive task during body movements/ reaching/ball tossing • Perform body movements with eyes closed • Performing any of above movements standing on foam.	The client responds to perturbations/ movements in a timely manner. The client should maintain a good posture throughout the task. The client should not hold onto the hand support or move their feet unless required to steady themselves for safety.	Observations: • Loss of normal posture and or loss of balance including movement of feet/grasping of hand support. • Client has delayed response to the movement and has markedly increased postural sway. Actions: • Provide verbal cues to stand with relaxed good posture and keep weight even through heels and toes and not move feet. • Encourage the client not to hold on unless they feel they may fall. Explain the objective of the exercise is to make them “wobble” and work hard to maintain their balance. Feedback: May include the time able to balance without hand support. As progression occurs feedback may include the distance reached, the number of catches without dropping the ball or reaching for support.

Exercise: Standing balance with external perturbations

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
General set up requirements: • The client should be positioned close to support for safety e.g. beside a table or parallel bars or in the corner of a room. • Use a soccer sized ball initially to catch with 2 hands. Instructions: “The physiotherapist has asked that we practice your standing balance with reactive body movements. When I ask you to, I want you to stand with your feet hip width apart, without holding onto anything and catch the ball I throw to you.” Progression for this exercise includes, reducing their base of support, increasing external perturbation, standing on an unstable surface or dual tasking. For example: • Push/pull balance reaction training • Throwing further or in different directions • Throwing a smaller ball to catch with one hand (+/- against a wall) • Standing on foam for exercises • Adding a cognitive task during perturbations • Having feet closer together during the task.	The client should maintain good posture throughout the task. The client should not hold onto the hand support unless required to steady themselves for safety.	Observations: • As above • Loss of postural control may occur when throwing or catching the ball. Actions: • As above • Cue the client to concentrate on maintaining their balance when throwing/catching the ball. Decrease the distance thrown if too hard or use a large ball that is easier to catch. Feedback: May include the time able to balance without hand support, number of catches without dropping, number of mistakes with cognitive task.