

Clinical Task Instruction

DELEGATED TASK

D-MT01: Standing balance retraining program

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

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

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 AHPOQ 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>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop
- Mandatory training requirements relevant to Queensland Health/HHS 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 into standing from sitting.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 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 to the modules is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

The following content knowledge is required by an AHA 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
- the principles of functional standing balance and causes of balance problems and 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 AHA delivering this task:

- 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 & quality

Client

- The AHA 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 AHA during the task:
 - As the client is being trained to address standing balance problems, the risk of falls is high and close monitoring of the client 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 restrictions or specific requirements, the delegating health professional will advise. These may include hip precautions, weight bearing status, range of motion, wounds/pressure area care and handling requirements e.g. wearing a sling during transfers for hemiplegic shoulder or range of motion brace requirements during exercises. Restrictions must be adhered to at all times during the task. If restrictions cannot be maintained, cease the task. If instructions are unclear or do not appear to match the client's requirements, 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 health professional should clearly identify parameters for delivering the clinical task to the 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, 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 delegated 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 or balls.
- 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 AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, *plus one* of the following: hospital UR number, Medicare number, or address.
- The AHA 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 AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client’s position during the task should be:
 - in standing.
- The AHA’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 AHA stands on the affected side e.g. hemiplegia or total hip replacement.

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 as per the delegation instruction. Correct the activity set up and if poor performance persists, reduce the training parameters of the exercise to increase ease of performance e.g. less repetitions or sets or increase the base of support. Inform the delegating health professional of the observation and outcome.
 - The client reports pain during or after task performance. Monitor the client using a pain rating scale during task performance or pause in the activity. Discomfort from exercise should settle quickly once the exercise is ceased. If the client has been unable to attain a training threshold, adjust it e.g. difficulty maintaining standing balance for required time, reduce the training threshold by reducing time. If pain persists or does not settle quickly with exercise cessation, contact the medical team to request a review of the client's pain. Discuss the parameters for exercise performance with the delegating health professional.
 - 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 and discuss with the delegating health professional.
 - 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 the client, emphasising positive aspects of performance and areas to work on
 - reinforce 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 observations 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
 - performance observations including any difficulties experienced and/or monitoring requirements to complete the task and if these were maintained.

7. Report to delegating health professional

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

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: Performance Criteria Checklist

D-MT01: Standing balance retraining program

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
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.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <p>a) Clearly explains the task, checking the client's understanding.</p> <p>b) Implements the prescribed exercise program by:</p> <ul style="list-style-type: none"> - 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. <p>c) Confirms the client's capacity to participate in each prescribed activity before commencing.</p> <p>d) During the task, maintains a safe clinical environment and manages risks appropriately.</p> <p>e) Provides feedback to the client on performance at completion of the task and/or training session.</p>			
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 scope of the competency of the Allied Health Assistant

The allied health assistant has been trained and assessed as competent to deliver the task for the following exercises:

	Knowledge acquired	Supervised task practice	Competency assessment
Standing Balance <ul style="list-style-type: none"> • 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 • Throwing/catching a ball 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Standing Balance with reduced visual input <ul style="list-style-type: none"> • 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 • Stand on foam 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Standing Balance with altered proprioceptive inputs (on foam) <ul style="list-style-type: none"> • Feet apart • Feet together • Stride stance • Tandem stance • Single leg stance • Cognitive tasks e.g. counting backwards in 3s, naming animals • Eyes closed • Tapping foot to cone or markers 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Standing Balance with internal perturbations <ul style="list-style-type: none"> • 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 • 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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Knowledge acquired	Supervised task practice	Competency assessment
Standing Balance with external perturbations			
• Push/pull balance reaction training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Throwing further or in different directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Throwing a smaller ball to catch with one hand (+/- against a wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standing on foam for exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adding a cognitive task during perturbations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Having feet closer together during the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review

Review date	/	/
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Standing balance retraining program: Learning Resource

Required reading

- Physiopedia (2018). Balance. Available at: <https://www.physio-pedia.com/Balance>

Clients are often provided a handout of their exercise program to facilitate independent practice. Examples of graphics for client handouts are available by www.physioexercises.com

Example client exercise handouts for standing balance exercises

- Queensland Government (2014). Metro South Health, Princess Alexandra Hospital. High Level Balance Program. Available at:
<http://paweb.sth.health.qld.gov.au/clinicalsupport/physiotherapy/documents/high-level-balance-prog.pdf>
- Queensland Government (2018). Metro South Health, QEII Jubilee Hospital. Balance Reactions Exercises. QEH1646v3. Available at:
https://gheps.health.qld.gov.au/_data/assets/pdf_file/0036/585288/QEH1646.pdf
- Queensland Government (2017). Metro South Health, Chronic Disease Service. Cardiac Rehabilitation – Balance Exercises. PIB0002/v1. Available at:
<http://paweb.sth.health.qld.gov.au/sqrm/qiu/brochures-posters/documents/PIB0002.pdf>

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
<p>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.</p> <p>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, without holding onto anything and keep your balance.”</p> <p>Progression for this exercise includes reducing the client's base of support and/or adding dual task. For example:</p> <ul style="list-style-type: none"> • 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. 	<p>The client should maintain normal standing alignment throughout the task.</p> <p>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.</p> <p>The essential components of standing alignment are:</p> <ul style="list-style-type: none"> • feet a few inches apart • legs straight with hips in front of ankles • shoulders over hips • shoulders level with head balanced • trunk erect. <p>As the client is practicing balance, hand support should only be used to ensure safety. Initially the exercise may focus on reducing hand support.</p>	<p>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 be slow to respond to questioning.</p> <p>Action: Provide verbal cues to stand with an upright, relaxed posture and even weight through heels and toes.</p> <p>Feedback: May include the time the client is able to maintain their balance without hand support, the amount of body sway during the task or the number of errors performed during a cognitive task.</p>

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
<p>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.</p> <p>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.”</p> <p>Progression for this exercise includes reducing their base of support. For example:</p> <ul style="list-style-type: none"> • Feet together • Stride stance • Tandem stance • Single leg stance • Cognitive tasks. 	<p>The client should maintain normal standing alignment throughout the task.</p> <p>The client should be encouraged to reduce hand support reliance.</p> <p>The client should keep their eyes closed during the task.</p> <p>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.</p>	<p>Observation: As above. Postural sway may increase markedly.</p> <p>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.</p> <p>Feedback: As above</p>

Exercise: Standing balance with altered proprioceptive inputs - to challenge the client's proprioception

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
<p>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.</p> <p>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.”</p> <p>Progression for this exercise includes reducing their base of support, visual input or dual tasking. For example:</p> <ul style="list-style-type: none"> • 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. 	<p>The client should maintain a relaxed standing posture throughout the task.</p> <p>The client should breathe normally during the task</p> <p>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 open their eyes, refocus and then recommence.</p> <p>As the client is practicing balance, hand support should only be used to ensure safety. Initially the exercise may focus on reducing hand support.</p>	<p>Observation: As above</p> <p>Action: As above</p> <p>Feedback: As above</p>

Exercise: Standing balance - with internal perturbations

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
<p>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.</p> <p>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.”</p> <p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>The client responds to perturbations/ movements in a timely manner.</p> <p>The client should maintain a good posture throughout the task.</p> <p>The client should not hold onto the hand support or move their feet unless required to steady themselves for safety.</p>	<p>Observations:</p> <ul style="list-style-type: none"> • 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. <p>Actions:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

Exercise: Standing balance with external perturbations

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
<p>General set up requirements:</p> <ul style="list-style-type: none"> • 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. <p>Instructions:</p> <p>“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.”</p> <p>Progression for this exercise includes, reducing their base of support, increasing external perturbation, standing on an unstable surface or dual tasking. For example:</p> <ul style="list-style-type: none"> • 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. 	<p>The client should maintain good posture throughout the task.</p> <p>The client should not hold onto the hand support unless required to steady themselves for safety.</p>	<p>Observations:</p> <ul style="list-style-type: none"> • As above • Loss of postural control may occur when throwing or catching the ball. <p>Actions:</p> <ul style="list-style-type: none"> • 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. <p>Feedback:</p> <p>May include the time able to balance without hand support, number of catches without dropping, number of mistakes with cognitive task.</p>