

Clinical Task Instruction

Skill Shared Task

S-MT03: Timed Up and Go (TUG) test

Scope and objectives of clinical task

This CTI will enable the health professional to:

- determine if a TUG test is indicated and appropriate.
- safely and effectively administer the TUG test, record and interpret the results.
- use the TUG score to support care planning.

VERSION CONTROL

Version: 2.0

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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 must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

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

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete training in patient manual handling techniques, including the use of walk belts, and sit to stand transfers.
- Complete the following CTIs or demonstrate equivalent professional competence:
 - S-MT05: Assess standing balance
 - S-MT01: Assess functional walkingand if the use of mobility aids is within the scope of the local implementation:
 - S-MT02: Prescribe, train and review of walking aids.

Clinical knowledge

- To deliver this clinical task, a health professional is **required** to possess the following theoretical knowledge:
 - understand the purpose, benefits, risks and limitations of the TUG test including protocols used in the local service (comfortable walking speed, fast walking speed, with a manual task and with a cognitive task), populations tested, interpretation of scores, standard error of measure and normative data.
 - the testing protocol for a TUG test including set up, method, scoring and documentation requirements.
 - describe the basic elements of walking and common abnormalities with specific focus on those relevant to the client population in the local service e.g. limping, shuffling, lack of full knee extension, freezing, ataxia.
- The knowledge requirements will be met by the following activities:
 - complete the training program listed above.
 - review of the Learning Resource.
 - receive instruction from the lead health professional in the training phase.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are **required** by a health professional in order to deliver this task:
 - competence in measurement of clinical observations relevant to mobilising/exertion where this is relevant to the healthcare setting and client group. This may include blood pressure, heart rate, pulse oximetry, pain scales, exertion scales.
 - competence in the use of mobile oxygen where this is relevant to the healthcare setting.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- Clients presenting with a recent history of falls or near-fall related to a general decline in functional mobility where the addition of an objective measure of function will support clinical decision-making regarding safety and/or assist in tracking the client's progress/decline either short or long term.
- The client has been assessed as safe to walk independently or with standby assistance, with/without an aid.
- The client is observed to be slow or tentative when walking and/or standing up from a chair and the addition of an objective measure of function will support clinical decision-making regarding safety and/or assist in tracking the client's progress as part of a functional rehabilitation program for mobility and transfers.
- The client is medically stable and there is no medical prohibition to standing up and walking, including the use of their usual walking aid, if relevant.
- The client is required to undertake a TUG test as part of a local service care plan/pathway/protocol.

Limitations

- Limitations listed in S-MT01 and S-MT05 apply. If the client uses a walking aid, Limitations from S-MT02 also apply.
- The client requires physical assistance to walk safely, including assistance of one or two people. The addition of the TUG test as an objective measure of function is unlikely to support clinical decision-making regarding safety.
- The client requires equipment that is not available or not within the scope of the skill share-trained health professional performing the task e.g. higher chair due to hip precautions, bariatric equipment, orthoses, glasses or walking aid.
- The client has communication, cognitive or perceptual impairments that impact on the client's ability to follow instructions required for safe and valid testing e.g. English as a second language and an interpreter is not available, dementia, confusion, impulsivity.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - If the TUG test is being used to support clinical decision-making in the assessment of balance and mobility, standby assistance of the client is required. If the TUG test is being used as a repeat outcome measure assistance provided should be consistent with walking assessment recommendations.
 - If the client reports, or is known to, experience dizziness with standing-up from sitting down or turning whilst walking, check Limitations (S-MT05). Prior to commencing the task practice the use of self-management strategies, such as pausing after standing up from sitting or turning in a preferred direction whilst walking. Instruct the client to use the strategies during the task and record as part of test conditions.

Equipment, aids and appliances

- The chair used during the task must be in good working order and in a stable position. The safe working limit of the chair used in the task must be suitable for the client. The recommended chair height is 44-46 centimetres (cm) with arm rests (67cm height). If a non standard chair is used, details should be recorded e.g. seat and arm rest height, safe working load. A different chair height may be required for the task due to client limitations or restrictions e.g. total hip replacement precautions, pain. The same chair should be used for subsequent TUG tests.
- Appropriate footwear should be worn during this task i.e. enclosed, well-fitting shoes with good traction.

Environment

- Ensure the test area is free of trip hazards and obstacles with minimal distractions to facilitate concentration during task e.g. environment free of pedestrian traffic and ward demands.

Performance of clinical task

1. Preparation

- For repeat TUG tests, review the testing conditions of the previous test before proceeding. These may include non-standard chair use e.g. due to a total hip replacement, safe working load or equipment availability, timing of test to coincide with medication regimes e.g. pain, nebuliser, Parkinson's Disease, use of equipment e.g. walking aid, oxygen, orthotics.
- Ensure all required equipment is available and prepared prior to commencing the assessment:
 - appropriate chair, see Safety and Quality
 - a stopwatch
 - floor marker (tape, cone)
 - a tape measure.

- Set up the equipment and environment ready to perform test.
 - position the chair in a clear, unobstructed area and preferably not against a wall.
 - place a cone/marker on the floor 3 metres away from the chair so that it is easily seen by the client (this distance is measured from a point on the floor level with the front edge of the chair to the back of the cone/marker).

2. Introduce task and seek consent

- The health professional 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 health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
 - sitting comfortably in a standard chair with their back resting on the back of the chair, their feet flat on the floor and their arms on the chair's arm rests.
 - if walking aids are in scope for the task and the client uses a walking aid, this should be positioned for easy access e.g. four-wheeled walker in front or walking stick beside the client.
- The health professional's position during the task should be:
 - in a position to observe for safety and provide instruction.
 - standing to one side and slightly behind the client. The health professional should avoid impeding the client's walking whilst turning. The health professional should be close enough to provide hands-on assistance for balance if required. Note: if hands-on assistance is required, the test will be ceased, and the test score recorded as "unable to complete".

4. Task procedure

- The task comprises the following steps.
 1. Determine if the client is suitable to undertake the TUG test, see Indications and Limitations section.
 2. Explain and demonstrate the task to the client including instructions to stand up from the chair, walk to a marker on the floor 3 metres away, turn, return and sit down on the chair.
 3. Check the client has understood the task and provide an opportunity to ask questions.
 4. The client should have one practice run of the test prior to the definitive assessment.
 5. Begin with the client sitting correctly in the chair.
 6. Instruct the client in the test protocol using standard wording - see Learning resource. Inform the client that the timing starts on the command "GO" and the timer is stopped when the client is seated with their back against the back of the chair.
 7. Confirm that the client understands the test protocol and is ready to commence.
 8. Provide the command "GO" and start the timer. The client may use their arms to stand up, if they wish.
 9. Observe the client standing up and walking. Note any movement problems including freezing, wide base of support, shuffling, loss of balance - see Safety and quality.

10. Stop the timer when the client is seated with their back against the back of the chair.
11. Record the time.
12. At completion of the test, interpret the score as compared to the client's relevant population - see Learning resource.
13. If the client is identified as being at risk of falls either through observation or TUG test score, develop a plan for client care, including further assessment for falls risk, walking aid prescription, functional rehabilitation program.

5. Monitoring performance and tolerance during the task

- During the practice run, provide education on the testing protocol to enhance performance e.g. 'sit with your back against the back of the chair', 'walk to the marker before turning'. If the client is performing a comfortable walking speed test and appears to be rushing or hurrying in an effort to have a low time score, re-instruct the client to walk at a comfortable and safe speed. If the client is performing a cognitive task test and ceases counting, prompt the client to keep counting.
- Feedback should not be provided during the definitive assessment. If the client does not complete the test according to the test requirements, perform a second practice. If more than two practice tests are required, cease the test. Document the outcome, including the requirement for a second practice and record the results.
- Observe and confirm that the client walked the required three metres (to the mark on the floor) as part of the practice test. Ensure the client can see the marker and provide verbal cueing to reinforce marker location.
- There are no time limits to the test. The client may stop and rest. If physical assistance is needed at any time during the assessment, such as assisting the client to stand up from the chair safely, stabilising the client in standing or when walking, or providing a chair for symptom relief (pain, dizziness), the task should be ceased and the test is scored as unable to complete. See Safety and quality section.
- Observe the client's gait, noting abnormalities including loss of balance, shuffling, freezing.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in Safety and quality section above.

6. Progression

- Task progression strategies include:
 - evidence is emerging that the addition of dual tasking to the traditional TUG test may be beneficial in predicting falls. Dual tasking activities have included both cognitive and manual tasks in geriatric populations (Someshwar, Kunde, Ganvir 2017). Comparative normative and predictive data would need to be sourced regarding the type of task(s) and population(s) being examined for standardisation of testing conditions and to be used as an indicator of falls risk.
 - the TUG test has limited predictive value as a single test and the risk of falling is dependent on multiple intrinsic and extrinsic factors (Barry, Galvin, et al 2014). Combining the TUG test with other standardised measures or tools is required to improve falls risk predictive value e.g. Berg Balance scale, FROP-Com.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures. Documentation should include:
 - time required to complete the TUG test (including the protocol name).
 - observations of the client's performance, expected outcomes that were and were not achieved, and difficulties encountered, or symptoms reported by the client during the task.
 - the test conditions including use of alternative seating, mobility aid, medication regimen timing. For vestibular clients, it may be necessary to perform the test turning in either direction, in which case the direction of turn should also be recorded, etc.
 - specifically note any physical assistance required when walking or when moving from sit to stand (with a corresponding score of "unable to complete" the test).
 - the interpretation of the test score.
 - relevance for client care e.g. further falls assessment and intervention, referral to a rehabilitation program, walking aid assessment, comparison with previous performance.
- The skill shared task should be identified in the documentation as "delivered by skill shared-trained (insert profession) implementing CTI S-MT03: Timed up and go (TUG) test" (or similar wording).

References and supporting documents

- Barry E, Galvin R, Keogh C, Horgan F, Fahey T (2014). Is the Timed Up and Go test a useful predictor of risk of falls in community dwelling older adults: a systematic review and meta-analysis. *BMC Geriatrics* 14:14. DOI: 10.1186/1471-2318-14-14. Available at: <http://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-14-14>
- Hofheinz M, Schusterschitz C (2010). Dual task interference in estimating the risk of falls and measuring change: a comparative, psychometric study of four measurements. *Clinical Rehabilitation*. 24: 831-842.
- Mathias S, Nayak US, Isaacs B. (1986). Balance in elderly patients: the "Get-up and Go" test. *Arch Phys Med Rehabilitation*. 14(6):387-389.
- Podsiadlo D, Richardson S. (1991). The Timed "Up & Go": a test of basic functional mobility for frail elderly persons. *Journal American Geriatric Society*. 39(2):142-148.
- Queensland Health (2018). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf
- Shumway-Cook A, Brauer S, Woollacott M. (2000). Predicting the probability for falls in community-dwelling older adults using the Timed Up and Go test. *Physical Therapy*. 80(9):896-903.
- Shirley Ryan AbilityLab (2020). Timed Up And Go. [online] Available at: <https://www.sralab.org/rehabilitation-measures/timed-and-go>

- Someshwar HP, Kunde C, Ganvir SS (2017). Predicting the probability of falls in geriatrics using traditional timed up and go test and dual-task constraint timed up and go test: an observational study. International Journal of Health and Allied Sciences 6: 88-92. Available at: http://www.ijhas.in/temp/IntJHealthAlliedSci6288-6925545_191415.pdf
- Stroke Engine (2008). Timed Up and Go test. Available at: <https://strokengine.ca/en/assessments/timed-up-and-go-tug/>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-MT03: Timed Up and Go (TUG) test

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of Lead HP</i>	<i>Date and initials of Lead HP</i>	<i>Date and initials of Lead HP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for task and makes appropriate decision to implement task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for task including ensuring the environment and required equipment are appropriately prepared and positioned for completion of the assessment task.			
Describes task and seeks informed consent.			
Prepares environment and positions self and client appropriately to ensure safety and effectiveness of task, including reflecting on risks and improvements in clinical reasoning record where relevant.			
<p>Delivers task effectively and safely as per CTI procedure, in accordance with the learning resource.</p> <ul style="list-style-type: none"> a) Clearly explains and demonstrates task, checking client's understanding. b) Ensures the client is positioned correctly in an appropriate chair and has all required equipment e.g. footwear, mobility aid, splints, glasses etc. c) Provides instruction to the client and demonstration. d) Allows a practice attempt prior to the definitive test. Corrects any misunderstandings or errors during the practice. e) Times the client completing the task. f) Documents results appropriately, including any non-standardised testing conditions, gait abnormalities. g) During the task, maintains a safe clinical environment and manages risks appropriately. h) Provides feedback to the client on performance during the practice test and at completion of the task. i) Correctly interprets test outcome and plan for client care. 			

During task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in clinical notes including reference to task being delivered by skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from task into intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout task, in accordance with the learning resource.			
Comments on the local service model:			
<p>The skill share-trained health professional has been trained and assessed as competent to deliver the following TUG tests:</p> <p><input type="checkbox"/> Comfortable walking</p> <p><input type="checkbox"/> Fast walking</p> <p><input type="checkbox"/> Manual task</p> <p><input type="checkbox"/> Cognitive task</p>			
Comments			
Record of assessment of competence			
Assessor name:	Assessor position:	Competence achieved:	/ /
Scheduled review			
Review date	/	/	

S-MT03: Timed Up and Go (TUG) test

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Timed Up and Go (TUG) test: Learning resource

The Timed Up and Go test is commonly used to assess balance and functional mobility in community dwelling, older adults (70-84 years old). It can also be used as a screening tool for falls risk in either inpatient or community client populations. The TUG test is a measure of both gait and balance. Correlation has been identified between the time to complete the TUG test and a client's independence in transfer tasks involved in activities of daily living, and balance as measured with the Berg Balance Scale and speed of mobility as required for safe community ambulation (Stroke Engine, 2020).

Required reading

- Barry E, Galvin R, Keogh C, Horgan F, Fahey T (2014). Is the Timed Up and Go test a useful predictor of risk of falls in community dwelling older adults: a systematic review and meta-analysis. *BMC Geriatrics* 14:14. DOI:10.1186/1471-2318-14-14 Available at: <http://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-14-14>
- Bohannon R. W. (2006). Reference Values for the Timed Up and Go Test: A Descriptive Meta-Analysis. *Journal of Geriatric Physical Therapy*. 29(2): 64-68. Available at: <https://geriatrictoolkit.missouri.edu/tug/Bohannon-TUG-Ref-JGPT2006-2.pdf>
- Shumway-Cook A, Brauer S, Woollacott M. (2000). Predicting the probability for falls in community-dwelling older adults using the Timed Up and Go test. *Physical Therapy*. 80(9):896–903. Available at: <https://academic.oup.com/ptj/article/80/9/896/2842520/Predicting-the-Probability-for-Falls-in-Community?searchresult=1>

TUG test

- Ability Lab (2020). Timed Up and Go. Available at: <https://www.sralab.org/rehabilitation-measures?ID=903>
- American College of Rheumatology (2020). Timed Up and Go (TUG). Available at: <http://www.rheumatology.org/I-Am-A/Rheumatologist/Research/Clinician-Researchers/Timed-Up-Go-TUG> Include sub-sections on Administration, Scoring, Psychometric Information, Comments and Critique.
- If planned use includes TUG with manual or cognitive tasks:
 - Hofheinz M, Schusterschitz C (2010). Dual task interference in estimating the risk of falls and measuring change: a comparative, psychometric study of four measurements. *Clinical Rehabilitation*. 24: 831-842. Available in research gate at: <https://www.researchgate.net/>

Example recording form (Queensland Health only)

- Outcome measures: Timed Up and Go test. Children's Health Queensland Hospital and Health Service. Available at: <http://qhps.health.qld.gov.au/childrenshealth/resources/clinforms/docs/255120.pdf>

Outcome of the TUG test

The TUG test measurement and observation of a client's performance needs to be collated to inform the client's care plan. The assessment needs to document the time achieved and note any observation of the client's performance during the test, including assistance provided and walking ability e.g. wide base of support, increased postural sway with walking/turning, shuffling gait. To support decision making, refer to information on interpretation of the TUG measurements in various populations - see cut off scores and normative data in required reading section of the Learning resource.

It is noted that on its own, the TUG test has limited predictive value as it is a single test and the risk of falling is dependent on multiple intrinsic and extrinsic factors (Barry, Galvin et al., 2014).

Interpretation of the TUG score, therefore, contributes to client care and is not a predictive tool on its own. The TUG provides a comparison tool for monitoring functional performance and combined with other measures can assist the decision making and care planning process.

- LOW RISK OF FALLS
 - the client's mobility history (as per S-MT01 and S-MT02) was not indicative of a falls risk.and
 - the client's TUG score was considered to be in the normative values for the matched population.and
 - The client's observation of walking during the task demonstrated the basic elements of a normal walking pattern i.e. common deviations were not apparent.

Documentation should clearly state the assessment revealed that the client is at a low risk of falls. The client should be referred for a comprehensive falls assessment should issues/concerns arise.

- AT RISK OF FALLS
 - the client's mobility history (as per S-MT01 and S-MT02) was indicative of falls.and/or
 - the client's TUG score was considered to be above the normative values for the matched population.and/or
 - the client's observation of walking during the task demonstrated deviations from the basic elements of a normal walking pattern. Common deviations include short step length, slow cadence, wide base of support, freezing, shuffling, ataxia, rests during performance (due to pain/shortness of breath/dizziness).

There must be a plan to address the identified deficits/issues. This may include further assessment by, or in partnership with a health professional with expertise in the areas of:

- falls assessment and intervention
- walking aid prescription and training
- functional rehabilitation for balance/strength deficits.

Note: services may use the TUG test as an outcome measure for rehabilitation goals. In such instances, the TUG score and observations are used to measure functional gain. Where scores have not improved/progressed from previous measures, a review of the timing of re-measurement and/or functional retraining program should be considered.