

MedTrak Balance Scale

Patient Name: _____ DOB: _____

Date: _____

ICD-9 codes appropriate in each question or calculation appear in italics next to the relevant item.

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Do you have difficulty getting up from a chair or out of bed?
<i>For instance, it takes more than one try to get up.</i> | ___(3) | ___ |
| 2. Do you experience a numbness or loss of sensation in your legs? | ___(4) | ___ |
| 3. Do you have trouble walking up or down inclined surfaces? | ___(2) | ___ |
| 4. Do you ever lose your balance when standing still? | ___(3) | ___ |
| 5. Do you feel the need to look for support or grab on to something when you are moving around? | ___(3) | ___ |
| 6. Do you have problems judging distances when walking?
<i>For example, do you feel unsure about stepping off a curb?</i> | ___(3) | ___ |
| 7. Do you use an assistive device (cane, walker) to walk around? | ___(4) | ___ |
| 8. Have you fallen more than once in the last year? | ___(3) | ___ |
| 9. Do you ever feel unsteady or lose your balance when walking? | ___(3) | ___ |
| 10. Do you currently take more than two (2) prescription medications? | ___(2) | ___ |

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 11. Do you feel dizzy or light-headed | ___(6) | ___780.4 |
| 12. Have you ever suffered a stroke? | ___(4) | ___991.02 |
| 13. Have you ever suffered any type of head or neck trauma?
<i>For example- auto accident, sports injury, work-related injury</i> | ___(4) | ___716.18 |
| 14. Do objects appear to bounce or jump around? | ___(6) | ___368.10 |

Total from Section A: _____

Total from Section

B: _____ ÷ 2 _____

Fall Risk Scoring Key *Note: Any positive response on their questionnaire may indicate that the patient is at risk for falls.*

<u>Score</u>	<u>Indication</u>
4-7	The patient is at increased risk for falls. Schedule examination with primary care physician.
8 or greater	The patient has a high probability for falling. Physical examination and therapy should be scheduled as soon as possible.

Fall Risk Score (A+(B/

2)): _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------------|
| 15. If you experience dizziness, do you notice a spinning sensation when dizzy? | ___(3) | ___386.10 |
| 16. If you experience dizziness, do sudden changes in position (such as bending down, tilting your head, quickly turning) make your symptoms worse? | ___(4) | |
| 17. Have you noticed a decrease in hearing? | ___(2) | ___389.9 |
| 18. Do you experience vision problems such as double vision or blurred vision? | ___(3) | ___368.2/368.8 |
| 19. Do you have an increased sensitivity to light and/or sound? | ___(3) | ___368.9/388.40 |
| 20. Do you experience dizziness when turning over in bed? | ___(4) | |
| 21. Do you experience dizziness when watching a moving object? | ___(4) | |
| 22. If you have dizziness, do you feel pain or pressure in your ears during an attack? | ___(4) | ___388.8 |
| 23. Have you ever been knocked unconscious? | ___(2) | |
| 24. Do you experience frequent headaches or migraines? | ___(4) | ___346.90 |
| 25. Does looking up or down cause you to become dizzy? | ___(4) | |
| 26. Do you experience a ringing, buzzing, or other sound in your ear(s)? | ___(2) | ___388.30 |

Total from Section B: _____

Total from Section C: _____

VNG Scoring Key

Overall Score

Indication

0-4	Need for VNG not indicated
5-9	Possible need for VNG assessment. Patient should be scheduled for examination With primary care physician to determine necessity for evaluation
10 or greater	Strong need for VNG assessment. Patient should be referred for evaluation

Indications for Specific Pathology

Benign Paroxysmal Positional Vertigo: total of (15) _____ + (16) _____ + (20) _____ + (25) _____ = _____ 386.11

>10 = increased likelihood of BPPV

Meniere's Disease: total of (15) _____ + (17) _____ + (22) _____ + (26) _____ = _____ 386.00

> 5 = likelihood of Meniere's disease

Vestibular Migraines: total of (13) _____ + (18) _____ + (19) _____ + (24) _____ + (26) _____ = _____ 346.90

>8 = increased likelihood of vestibular migraines

VNG Necessity Score (C+B): _____

