

functional gait assessment pdf

functional gait assessment pdf has become an essential resource for healthcare professionals, physical therapists, and researchers aiming to evaluate and enhance patients' walking abilities. Accessing comprehensive, well-structured documents in PDF format allows practitioners to perform detailed assessments, track progress over time, and implement targeted interventions. Whether you're a clinician seeking standardized protocols or a student studying gait analysis, understanding how to utilize and interpret the functional gait assessment (FGA) PDF is crucial. This article explores everything you need to know about the functional gait assessment PDF, including its purpose, components, benefits, and how to effectively use it in clinical practice.

What is the Functional Gait Assessment (FGA)?

Definition and Overview

The Functional Gait Assessment (FGA) is a standardized tool designed to evaluate a person's gait performance, particularly focusing on their ability to navigate complex walking tasks safely and efficiently. It was developed to identify individuals at risk of falls, assess the severity of gait impairments, and guide rehabilitation strategies.

Purpose of the FGA

- To quantify gait and balance impairments
- To detect subtle changes in gait performance
- To monitor progress throughout rehabilitation
- To inform clinical decision-making and fall prevention strategies

Importance of the FGA PDF for Healthcare Professionals

Utilizing a well-structured FGA PDF document offers multiple advantages:

- **Standardization:** Ensures consistent assessment procedures across different clinicians and settings
- **Accessibility:** Provides easy access to assessment criteria, scoring sheets, and guidelines
- **Documentation:** Facilitates record-keeping and progress tracking
- **Educational Tool:** Serves as a reference for training new staff or students

Components of the Functional Gait Assessment

PDF

A typical FGA PDF includes comprehensive information organized into sections such as:

1. Introduction and Purpose

- Overview of the assessment tool
- Indications for use
- Scoring criteria and interpretation

2. Equipment Needed

- Markers or cones
- Stopwatch
- Gait belt
- Sample illustrations or photos

3. Test Procedures and Tasks

The FGA evaluates gait through a series of specific tasks, each with detailed instructions:

1. **Ascending and Descending Stairs:** Assessing stair negotiation
2. **Gait with Horizontal Head Turns:** Testing head movement influence on gait
3. **Gait with Vertical Head Turns:** Similar to horizontal but vertical movements
4. **Gait with Narrow Base of Support:** Walking on a narrow surface to challenge balance
5. **Gait and Pivot Turn:** Turning while walking to evaluate turning stability
6. **Gait with Obstacles:** Navigating around obstacles to simulate real-world challenges
7. **Gait with Dual Tasks:** Combining walking with cognitive tasks like talking or counting
8. **Gait with Step Over Obstacle:** Stepping over objects to assess agility

Each task in the PDF is accompanied by scoring guidelines, typically on a 0-3 scale, with detailed descriptions for each score.

4. Scoring System and Interpretation

The PDF provides scoring sheets and thresholds:

- Maximum score: 30 points
- Cut-off scores indicating increased fall risk
- Instructions on interpreting scores for clinical decision-making

5. Safety Precautions and Tips

- Ensuring patient safety during testing
- Modifications for patients with severe impairments
- Recommendations for environment setup

How to Use the Functional Gait Assessment PDF Effectively

Step-by-Step Guide

1. Preparation: Review the PDF thoroughly, gather necessary equipment, and ensure the testing environment is safe.
2. Patient Briefing: Explain the purpose of the assessment and what to expect.
3. Conducting the Test: Follow the detailed instructions provided in the PDF for each task.
4. Scoring: Use the scoring sheets to evaluate performance accurately.
5. Analysis: Interpret the scores based on provided guidelines to determine gait stability and fall risk.
6. Documentation: Record results in the patient's medical record using the PDF or digital copies.

Tips for Accurate and Reliable Assessment

- Maintain consistent environmental conditions
- Use standardized instructions
- Observe closely for compensatory strategies
- Consider patient fatigue and comfort
- Repeat assessments periodically to track progress

Benefits of Using the FGA PDF in Clinical Practice

Implementing the FGA PDF offers numerous benefits:

- **Standardization:** Ensures uniform assessment procedures across different clinicians and facilities.

- **Efficiency:** Streamlines the assessment process with clear instructions and scoring templates.
- **Patient Safety:** Promotes safe testing protocols with safety guidelines embedded in the document.
- **Data Tracking:** Facilitates longitudinal tracking of gait improvements or deterioration.
- **Educational Resource:** Serves as a training tool for new staff and students learning gait assessment techniques.

Where to Find a Reliable Functional Gait Assessment PDF

Finding an accurate and up-to-date FGA PDF is crucial. Here are some trusted sources:

Official Sources and Publications

- The American Geriatrics Society
- The Institute for Gait and Balance Studies
- Peer-reviewed journals on gait analysis

Educational and Professional Websites

- University gait laboratories
- Physical therapy associations
- Reputable medical resource platforms

Tips for Verifying PDF Authenticity

- Ensure the document is recent and updated
- Confirm it originates from a credible organization
- Cross-reference with peer-reviewed literature or guidelines

Enhancing Your Practice with the Functional Gait Assessment PDF

Incorporating the FGA PDF into your clinical routine can significantly improve patient outcomes. Here's how:

Integrate into Rehabilitation Programs

- Use initial assessments to identify specific gait deficits
- Design targeted interventions based on assessment results
- Re-assess periodically to monitor progress

Educate Patients

- Share assessment results to motivate participation
- Explain how gait improvements reduce fall risks

Contribute to Research

- Use consistent assessment tools like the FGA PDF for data collection
- Publish findings to advance gait analysis knowledge

Conclusion

The functional gait assessment pdf is a versatile and invaluable resource for clinicians aiming to evaluate gait and balance comprehensively. Its detailed protocols, scoring guidelines, and safety considerations enable precise assessment and informed decision-making. Whether you're conducting routine screenings, planning rehabilitation, or conducting research, utilizing an authoritative FGA PDF ensures consistency, accuracy, and improved patient care. Staying updated with validated and well-structured PDFs from reputable sources can enhance your practice and contribute to better outcomes for individuals with gait impairments.

Remember: Proper assessment is the foundation of effective intervention. Make full use of the functional gait assessment PDF to guide your clinical judgments and help your patients walk confidently and safely.

Frequently Asked Questions

What is a functional gait assessment (FGA) PDF, and how is it used in clinical practice?

A functional gait assessment PDF is a downloadable document that outlines the standardized protocol for evaluating an individual's walking and balance capabilities. Clinicians use it to identify gait abnormalities, monitor progress, and develop targeted treatment plans for patients with balance or mobility impairments.

Where can I find a reliable and updated functional gait

assessment PDF template?

Reliable sources for a functional gait assessment PDF include academic institutions, professional physical therapy organizations, and published research articles. Websites such as the American Physical Therapy Association (APTA) or reputable medical education platforms often provide downloadable, validated templates.

What are the key components typically included in a functional gait assessment PDF?

A typical FGA PDF includes sections for patient demographics, assessment procedures, scoring criteria, observational notes, and interpretation guidelines. It may also feature diagrams or images to illustrate specific gait tasks or abnormalities.

How can I use a functional gait assessment PDF to improve patient outcomes?

Using an FGA PDF allows clinicians to systematically evaluate gait patterns, identify deficits, and track changes over time. This structured approach facilitates personalized interventions, enhances communication with patients, and supports evidence-based practice to improve mobility and reduce fall risk.

Is there any training required to effectively utilize the functional gait assessment PDF?

Yes, clinicians typically benefit from training or certification in gait assessment techniques to ensure accurate administration and scoring of the FGA. Many professional organizations offer workshops or courses to enhance understanding and consistency in using the assessment tool.

Are there digital or interactive versions of the functional gait assessment PDF available?

While traditional PDFs are common, some organizations and clinics are developing digital or app-based versions of gait assessment tools that offer interactive features, instant scoring, and data tracking to streamline the evaluation process.

Additional Resources

Functional Gait Assessment PDF: A Comprehensive Guide to Evaluation and Implementation

In the realm of rehabilitation and clinical assessment, the Functional Gait Assessment (FGA) has emerged as a pivotal tool for evaluating walking and balance dysfunctions across diverse patient populations. As clinicians and researchers increasingly rely on standardized, accessible documentation, the availability of Functional Gait Assessment PDFs has become essential. These documents serve as comprehensive resources for understanding, administering, scoring, and interpreting the FGA, facilitating consistent application in

clinical settings.

Understanding the Functional Gait Assessment (FGA)

What is the FGA?

The Functional Gait Assessment is a standardized clinical tool designed to evaluate postural stability and gait performance during various challenging walking tasks. Developed by the American Geriatrics Society and the American Physical Therapy Association, the FGA aims to identify gait deficits that may predispose individuals to falls or functional decline. Its design incorporates tasks that mimic real-world challenges, providing a holistic picture of a patient's mobility.

Purpose and Clinical Significance

Primarily, the FGA serves multiple purposes:

- **Assessment of Balance and Gait Safety:** It helps determine how well individuals can maintain stability during complex walking tasks.
- **Fall Risk Prediction:** Scores can predict the likelihood of falls, especially in older adults.
- **Treatment Planning:** Results guide clinicians in designing targeted interventions.
- **Outcome Measurement:** The FGA provides a quantifiable measure to track progress over time.

Given its robust validation and sensitivity, the FGA is considered a gold standard in gait assessment, particularly for populations with neurological or musculoskeletal impairments.

The Components of the Functional Gait Assessment

Standard Tasks Included in the FGA

The FGA consists of ten specific gait tasks, each designed to challenge different aspects of balance and gait:

1. Gait with Horizontal Head Turns – Walking while turning the head side-to-side.
2. Gait with Vertical Head Turns – Walking with nodding movements.
3. Gait with Dual Tasks – Walking while performing a cognitive task, such as reciting alternating letters.
4. Gait with Step Over Obstacles – Navigating over objects placed on the walking path.
5. Gait with Ambulation on Uneven Surfaces – Walking over compliant or uneven terrain.
6. Gait with Narrow Base of Support – Walking with a reduced base width.
7. Gait with Pivot Turns – Executing quick 180-degree turns.
8. Gait with Sudden Stops and Starts – Changing walking pace abruptly.
9. Gait with Eyes Closed – Walking with visual input occluded.
10. Gait with Walking on Inclines or Declines – Navigating slopes.

Each task is scored on a 4-point ordinal scale (0-3), with higher scores indicating better performance.

Scoring and Interpretation

The maximum total score is 30, with higher scores reflecting better gait function. Typically, a score below a certain threshold (commonly 22 points) indicates increased fall risk. The scoring involves observing performance, noting any hesitations, stumbles, or loss of balance, and assigning scores accordingly.

Advantages of Using a Functional Gait Assessment PDF

Accessibility and Standardization

Having a PDF version of the FGA offers numerous benefits:

- Ease of Distribution: PDFs can be shared electronically among clinicians, researchers, and students.
- Standardized Format: Ensures consistency in administration and scoring across different practitioners and settings.
- Ease of Use in Various Settings: Portable and accessible on multiple devices, PDFs facilitate assessments in clinics, hospitals, and community centers.

Comprehensive Content

A well-designed FGA PDF typically includes:

- Detailed Task Descriptions: Clear instructions and illustrations.
- Scoring Guidelines: Precise criteria for each performance level.
- Interpretation Aids: Normative data, cutoff scores, and risk stratification.
- References and Validation Data: Supporting research and validation studies.

Facilitating Documentation and Record-Keeping

Electronic PDFs enable easy documentation of results, facilitating:

- Progress Monitoring: Tracking changes over time.
- Research Data Collection: Standardized data for studies.
- Legal and Insurance Documentation: Providing official records of assessments.

Developing and Utilizing a Functional Gait Assessment PDF

Creating an Effective PDF Document

For clinicians or organizations looking to develop their own FGA PDF, the following elements should be included:

- Header with Title and Purpose: Clearly state the document's intent.
- Sectioned Layout: Segregate tasks, scoring rubrics, and interpretation guidelines.
- Visual Aids: Incorporate images or diagrams illustrating each task.
- Scoring Tables: Use tables for quick scoring reference.
- Notes Section: Space for clinician observations or patient comments.
- References: List validation studies and related literature.

Tools such as Adobe Acrobat, Canva, or specialized document editors can be used to craft professional, user-friendly PDFs.

Implementing the FGA PDF in Clinical Practice

Once the PDF is available, clinicians should:

1. Familiarize Themselves with the Tasks: Conduct training sessions if necessary.
2. Standardize the Environment: Use consistent surfaces and equipment.
3. Follow the Scoring Protocols Rigorously: To ensure reliability.
4. Document Results Clearly: Record scores and observations meticulously.
5. Interpret Results Contextually: Consider patient history and other assessments.

Regular calibration and peer review enhance assessment reliability, especially when multiple clinicians are involved.

Validation, Reliability, and Limitations of the FGA PDF

Validation and Research Evidence

Numerous studies have validated the FGA as a reliable and sensitive tool:

- Reliability: Inter-rater and test-retest reliability are high, with intraclass correlation coefficients often exceeding 0.80.
- Validity: Correlations with other balance measures, such as the Berg Balance Scale, demonstrate strong concurrent validity.
- Predictive Power: FGA scores are predictive of fall risk, especially when combined with other clinical factors.

Having access to a PDF that consolidates these validation details can assist clinicians in understanding the tool's strengths and limitations.

Limitations and Considerations

While the FGA is robust, limitations include:

- Learning Effects: Repeated assessments may lead to improved scores unrelated to true functional gains.
- Ceiling Effects: Highly functional individuals may score near maximum, limiting sensitivity.
- Mobility Restrictions: Severe impairments may prevent completion of certain tasks.

A comprehensive PDF should acknowledge these factors and suggest complementary assessments where necessary.

Integrating the FGA PDF into Broader Gait and Balance Assessment Strategies

Complementary Tools

The FGA can be used alongside other assessments to provide a multidimensional view:

- Berg Balance Scale (BBS): Assesses static and dynamic balance.
- Timed Up and Go (TUG): Measures functional mobility.
- Dynamic Gait Index (DGI): Evaluates gait under various conditions.
- Falls Efficacy Scale (FES): Assesses confidence in avoiding falls.

Incorporating these tools with the FGA PDF ensures a comprehensive evaluation framework.

Personalizing Interventions Based on FGA Results

Scores guide tailored interventions:

- Low Scores: Focus on balance training, strength exercises, and environmental modifications.
- Moderate Scores: Emphasize dual-task training and obstacle navigation.
- High Scores: Maintenance programs and community mobility promotion.

The PDF documentation supports goal setting and progress evaluation.

Future Perspectives and Technological Integration

Digital and Mobile Applications

Advances in technology are paving the way for digital versions of the FGA, including:

- Mobile Apps: For real-time scoring and data collection.
- Electronic Health Records (EHR) Integration: Streamlined documentation.
- Video Recording: Facilitates remote assessment and training.

However, the foundational PDF remains a vital resource, especially in settings with limited technological access.

Research and Development

Ongoing research aims to:

- Refine the FGA: Adaptations for specific populations, such as pediatric or neurological patients.
- Enhance Reliability: Through training modules embedded within PDFs.
- Develop Normative Data: For diverse age groups and cultural contexts.

Open access PDFs that include these updates will continue to support best practices.

Conclusion: The Critical Role of the Functional Gait Assessment PDF

The Functional Gait Assessment PDF is more than just a document; it embodies a standardized approach to evaluating gait and balance functions. Its structured format, detailed instructions, and scoring guidelines serve as essential tools for clinicians seeking to provide evidence-based care. As the healthcare landscape evolves, the PDF format ensures accessibility, consistency, and ease of use, fostering better patient outcomes through reliable assessment practices.

Incorporating the FGA into routine evaluations, supported by comprehensive PDFs, enhances clinicians' ability to identify fall risks, monitor progress, and tailor interventions effectively. As research continues and technology advances, the role of the FGA PDF will remain integral to advancing gait analysis and rehabilitation efforts worldwide.

References

(Placeholder for relevant studies, validation papers, and official guidelines related to

[Functional Gait Assessment Pdf](#)

functional gait assessment pdf: *Clinical Examination* Balakrishnan Kichu R. Nair, 2011
 Contrary to conventional clinical skill textbooks written in a routine, system based approach, *Clinical Examination: A Problem Based Approach* breaks that mould by presenting clinical cases in a problem solving manner. The book is composed of in-depth dissections of case scenarios and their appropriate investigations. Written by experts from Australia, New Zealand, US and the UK, this book brings an international perspective to a wide variety of specialties including, gastroenterology, neurology, rheumatology, respiratory and the cardiovascular system. Another unique feature of the book is the chapters on examining the older patient, the joints and the vascular system. This publication is a must-have for all medical undergraduates and postgraduates. The author is a distinguished clinician and educator. He is the recipient of the Order of Australia (AM) 2009 for service to medicine and to medical education through the development of undergraduate and professional development programs?.

functional gait assessment pdf: Functional Assessment for Adults with Disabilities

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on Functional Assessment for Adults with Disabilities, 2019-07-31 The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. To receive SSDI or SSI disability benefits, an individual must meet the statutory definition of disability, which is the inability to engage in any substantial gainful activity [SGA] by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. SSA uses a five-step sequential process to determine whether an adult applicant meets this definition. Functional Assessment for Adults with Disabilities examines ways to collect information about an individual's physical and mental (cognitive and noncognitive) functional abilities relevant to work requirements. This report discusses the types of information that support findings of limitations in functional abilities relevant to work requirements, and provides findings and conclusions regarding the collection of information and assessment of functional abilities relevant to work requirements.

functional gait assessment pdf: *Handbook of Occupational Therapy for Adults with Physical Disabilities* William Sit, Marsha Neville, 2024-06-01 *Handbook of Occupational Therapy for Adults With Physical Disabilities* by Drs. William Sit and Marsha Neville provides quick and essential information for occupational therapists that are new to the adult practice setting. This handbook is primarily organized by body system into six sections: Occupational performance as a whole Central nervous system Peripheral nervous system, cranial nerves, and sensory system Musculoskeletal system Cardiovascular, lymphatic, respiratory, and integumentary systems Endocrine, digestive, urinary, and reproductive system At the beginning of each section, you will find a case study based on clinical experience that embodies the chapter subject. Within each section information is broken down into important aspects of the evaluation process, and then followed by the implications of each system on occupational therapy intervention. *Handbook of Occupational Therapy for Adults With Physical Disabilities* also includes a summary chart where readers can quickly and easily find the purpose, context, form, cost, and contact information for each assessment. *Handbook of Occupational Therapy for Adults With Physical Disabilities* is ideal for occupational therapy students, recent graduates, and practitioners who are newly entering an adult physical disability practice setting.

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functional gait assessment pdf: *Foundations of Clinical Research* Leslie G Portney, 2020-01-16 *Become a successful evidence-based practitioner. How do you evaluate the evidence? Is the information accurate, relevant and meaningful for clinical decision making? Did the design fit the research questions and was the analysis and interpretation of data appropriate? Here are all the materials you need to take your first steps as evidence-based practitioners...how to use the design, data and analysis of research as the foundation for effective clinical decision making. You'll find support every step of the way as you progress from the foundations of clinical research and concepts*

of measurement through the processes of designing studies and analyzing data to writing their own research proposal.

functional gait assessment pdf: Observational Gait Analysis Janet Adams, Kay Cerny, 2024-06-01 Observational Gait Analysis: A Visual Guide is a pedagogical manual and video library that provides a thorough review of key characteristics of normal gait that are important for observational clinical gait analysis. This visual guide by Drs. Jan Adams and Kay Cerny has unique features to further the understanding of examination and evaluation of the subject's gait, such as: Normal and pathological gait are described using figures and graphs, along with gait videos and 3D graphs to show the kinematics and kinetics described Functional tools used as outcome measures to evaluate gait performance in the community environment including Dynamic Gait Test, Six Minute Walk Test, Ten Meter Walk Test, to name a few In addition to the unique features, the pathological gait section presents descriptions of gait deviations included in a new clinical Observational Gait Analysis (OGA) tool, along with probable causes for each of the deviations. Case studies are presented using this new tool for examining and evaluating the subject's gait. Bonus! Students will be able to watch antero-posterior and lateral videos of individuals with gait deviations, complete the OGA tool to document their gait examination, and evaluate their examination results. They will then validate their observational skills by comparing their results to the text's case study OGA results and the skeletal model and motion and moment graphs completed by 3D instrumented analysis of the same individual. The student will then compare their evaluation of causes of deviations to that included in the case study. Included with the text are online supplemental materials for faculty use in the classroom. Observational Gait Analysis: A Visual Guide will be the go-to resource for clinical tools to analyze gait for physical therapy and prosthetic and orthotic students and clinicians, as well as other professionals interested in the clinical analysis of persons with gait disability.

functional gait assessment pdf: O'Sullivan & Schmitz's Physical Rehabilitation George Fulk, Kevin Chui, 2024-03-22 Select the most appropriate evaluation procedures Develop patient goals Implement your plan of care This book is every Physical Therapy Student's Bible. "If...you purchase this book during your first semester of PT school, it will help you immensely! Don't wait until Neuro PT to purchase this book. Use this book as a guide for every PT class from Integumentary to Pediatrics to Neuroanatomy!"—Online Reviewer A must-have for all PT's, PTA's and PT/PTA students... "Basically Wikipedia for physical therapy only has a lot more specific information pertaining to client/patient care and doesn't require a computer."—Alex N., Online Reviewer Five Stars. "This book is very comprehensive and contains almost everything you need to know for the NPTE exam."—Laura M., Online Reviewer Rely on this comprehensive, curriculum-spanning text and reference now and throughout your career! You'll find everything you need to know about the rehabilitation management of adult patients... from integrating basic surgical, medical, and therapeutic interventions to how to select the most appropriate evaluation procedures, develop rehabilitation goals, and implement a treatment plan.

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functional gait assessment pdf: Principles of Therapeutic Exercise for the Physical Therapist Assistant Jacqueline Kopack, Karen Cascardi, 2024-06-01 Principles of Therapeutic Exercise for the Physical Therapist Assistant is a textbook that provides PTA educators, students, and practicing clinicians with a guide to the application of therapeutic exercise across the continuum of care.

Written by 2 seasoned clinicians with more than 40 years of combined PTA education experience, *Principles of Therapeutic Exercise for the Physical Therapist Assistant* focuses on developing the learner's ability to create effective therapeutic exercise programs, as well as to safely and appropriately monitor and progress the patient within the physical therapy plan of care. The content is written in a style conducive to a new learner developing comprehension, while still providing adequate depth as well as access to newer research. Included in *Principles of Therapeutic Exercise for the Physical Therapist Assistant* are: • Indications, contraindications, and red flags associated with various exercise interventions • Documentation tips • Easy-to-follow tables to aid in understanding comprehensive treatment guidelines across the phases of rehabilitation • Eye on the Research sections throughout the text dedicated to current research and evidence-based practices Also included with the text are online supplemental materials for faculty use in the classroom, consisting of PowerPoint slides and an Instructor's Manual (complete with review questions and quizzes). Created specifically to meet the educational needs of PTA students, faculty, and clinicians, *Principles of Therapeutic Exercise for the Physical Therapist Assistant* is an exceptional, up-to-date guidebook that encompasses the principles of therapeutic science across the entire continuum of care.

functional gait assessment pdf: Assessments and Risk Factors for Falls in Persons with Acute Stroke Hanna Sjöholm, 2021-02-22 Background: Early identification of risk factors is crucial for reducing the high fall risk associated with stroke, and sex differences in relation to falls need to be further investigated. There is a lack of uniform, standardized, and reliable testing procedures for postural reactions, and existing tests assessing negotiating obstacles while walking cannot be performed when walking aids are used. Aim: To investigate the predictive validity of fall risk in persons with acute stroke for easily administered data and assessments, as well as to investigate the psychometric properties of two new tests. Methods: The Postural Reactions Test (PRT) and the Cone Evasion Walk Test (CEW) were developed based on literature, and on input from an expert panel. To estimate the reliability of the PRT and CEW, video-recordings of 20 persons with acute stroke performing each item in the PRT and CEW were assessed by 10 physiotherapists on two occasions, at least two weeks apart. The construct validity of the CEW ($n = 221$), was examined in relation to selected corresponding tests, and predictive validity by correlating the CEW to falls within six months. In 124 women and 160 men the results from the PRT and CEW, along with other easily administered data and assessments on participant characteristics, functions, and activities were analyzed in relation to the number of days to the first fall by Cox regression, while fall incidence was analyzed by negative binomial regression, both for the total cohort, and for women and men separately. Sex differences in monthly fall incidence were analyzed with Poisson regression. Results: For the intra-rater reliability of the PRT, the overall proportion of agreement was 87 – 92% for the different postural reactions, and in median 9-10 out of 10 physiotherapists scored the same value for inter-rater reliability. In the CEW the intra-class correlation coefficients for intra-rater and inter-rater reliability were 0.88-0.98. The results showed expected poor to moderate correlations to the selected tests for construct validity, and to falls within six months. Participants touched significantly more cones on the side that was opposite to the side of their lesion. The Cox regression analysis showed that intake of more than eight medications, paresis in the arms, paresis in the legs, impaired protective reactions in sitting, and limitations in self-care activities were decisive risk factors for the time to the first fall, and according to the negative binomial regression, limitations in mobility activities was a decisive risk factor for high fall incidence in the total cohort ($p < 0.0005$). The assessor's judgment of a person's six-month fall risk, was particularly well suited for identification of individuals with a high risk for multiple falls; however only in women when analyzed for each sex separately ($p < 0.0005$). Compared to men, a higher number of fall risk factors were identified in women, including impaired mental functions, paresis in the arms, and limitations in several activities of self-care and mobility ($p < 0.0005$). In men, the most decisive fall risk factors were intake of a high number of medications, intake of antidepressants, and mobility limitations ($p = 0.001$). Fall incidence during the first month from discharge was significantly higher in men

compared to women. Conclusions: The PRT and CEW can be reliably used in persons with acute stroke, and are valid for assessment of fall risk. A high quantity and wide range of rapid and easily collected data can be used for identification of persons at high risk for falls. The risk factors differed in part when analyzing the time to the first fall, and six-month fall incidence, and different fall risk factors were the most decisive when analyzed separately in women and men. Monthly fall incidence was higher in men during the first month. Bakgrund: Tidig identifiering av riskfaktorer för fall är av väsentlig betydelse för att minska den höga fallrisken hos personer med stroke, och kunskap om eventuella könsskillnader vad gäller riskfaktorer för fall behövs för att kunna individanpassa fallriskbedömningar och fallpreventiva insatser. Det har tidigare saknats ett enhetligt och standardiserat bedömningsförfarande för posturala reaktioner; dvs jämvikts-, upprättnings- och fallskyddsreaktioner. Det har även saknats ett bedömningsinstrument för förmågan att undvika föremål i samband med gång, som kan utföras av personer som går med gånghjälpmedel. Syfte: Att hos personer med akut stroke undersöka prediktiv validitet av fallrisk för lättadministrerade patientdata och bedömningsinstrument, liksom att undersöka psykometriska egenskaper för två nyutvecklade tester. Metod: Reliabilitetstestningen av Postural Reactions Test (PRT) och Cone Evasion Walk Test (CEW) utfördes genom att personer med akut stroke filmades då de utförde testerna. När alla delmoment i PRT samt CEW utförts av 20 personer vardera bedömdes testutförandena på filmerna av 10 sjukgymnaster vid två olika tillfällen, med minst två veckors mellanrum. Begreppsvaliditeten av CEW undersöktes genom att analysera samstämmigheten mellan CEW och ett antal utvalda, relaterade bedömningsinstrument. Deltagarna i studien noterade huruvida de fallit eller ej i falldagböcker och sedan samlades denna information in via månatliga telefonsamtal under sex månaders tid. Snabbt och enkelt insamlad patientdata och testresultat från lättadministrerade funktions- och aktivitetstester analyserades i förhållande till fall både för samtliga deltagare i studien (284 stycken), men även för kvinnor och män separat. Könsskillnader i månatlig fallincidens analyserades också. Resultat: Undersökningen av intrabedömarreliabilitet visade att samstämmigheten för de enskilda fysioterapeuterna i bedömningen av testutförandena mellan de två testtillfällena var 87-92% för PRT och 70-90% för CEW. Undersökningen av interbedömarreliabiliteten visade att i median 9-10 av 10 fysioterapeuter gjorde samma bedömning av testutförandena av PRT, liksom av CEW. Resultaten av validitetstestningen visade ett signifikant men svagt samband mellan CEW och Timed Up and Go, Functional Ambulation Classification, Star Cancellation Test och uppmärksamhetsuppgiften "upprepa subtraktion av sju från 100" i Montreal Cognitive Assessment. I utförandet av CEW, gick deltagarna på signifikant fler koner på den sida som var motsatt deras hjärnskada. Ett signifikant svagt samband identifierades mellan CEW och antalet fall. I den totala kohorten var användande av fler än åtta läkemedel, armpares, benpares, nedsatta fallskyddsreaktioner i sittande, och nedsatt förmåga att utföra aktiviteter i det dagliga livet avgörande riskfaktorer för tidiga fall. En begränsad förflyttningsförmåga var en avgörande riskfaktorer för hög fallincidens. Testledarens bedömning av risken att falla de kommande 6 månaderna var särskilt väl lämpad för identifiering av personer med en hög risk för hög fallincidens, dock endast för kvinnorna när analysen utfördes för kvinnor och män separat. Fler riskfaktorer identifierades hos kvinnorna, däribland nedsatta psykiska funktioner, armpares och nedsättningar i flera olika aktiviteter rörande personlig vård och förflyttningar. Hos männen var de mest avgörande riskfaktorerna ett stort antal intagna läkemedel, användande av antidepressiva läkemedel samt en begränsad förflyttningsförmåga. Den månatliga fallincidensen var signifikant högre hos männen än hos kvinnorna den första månaden efter utskrivningen från någon av strokeavdelningarna. Konklusion: PRT och CEW kompletterar befintliga bedömningsinstrument och är reliabla och valida för bedömning vid akut stroke. Både CEW och PRT-bedömningen av fallskyddsreaktioner i sittande kan användas för identifiering av personer med en förhöjd risk att falla. Ytterligare ett stort antal lättadministrerade bedömningsinstrument som kan användas för bedömning av fallrisk identifierades. Riskfaktorerna skiljde sig åt avseende risken att falla snart och risken att falla mycket och det var olika fallriskfaktorer som var de mest avgörande för kvinnorna jämfört med männen. Den första månaden efter utskrivning från strokeavdelning var den månatliga fallincidensen högre bland

männerna än bland kvinnorna.

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