

## Balance and gait assessment clinical competencies

Name:	Role:
Base:	Date initial training completed:

**Competency Statement:**

The participant demonstrates clinical knowledge and skill in balance and gait assessment without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate the knowledge and skill in assessing the balance and gait</b>				
a) Demonstrates awareness of posture and the importance of good sitting and standing posture	Questioning			
b) Understand the mechanisms of balance	Questioning			
c) Identify balance and gait problems	Questioning			
d) Demonstrates understanding of the reasons for using the following techniques to assess balance and risk of falls, and discuss findings with health care professional 180 turn Timed unsupported stand 10 meter timed walk Walk and talk test Get up and go test Berg balance EMS Confbal FES -1	Questioning			
<b>2. Demonstrate ability to assess balance and gait</b>				
a) 180 turn	Observation			
b) Timed unsupported stand	Observation			
c) 10 meter timed walk	Observation			
d) Walk and talk test	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
e) Get up and go test	Observation			
f) Berg balance	Observation			
g) EMS	Observation			
h) Confbal	Observation			
i) FES-1	Observation			
<b>3. Demonstrate ability to provide exercise activities</b>				
a) ) Demonstrate evidence based exercises e.g. Otago	Observation			
b) Plan and lead exercise classes	Observation			

Source: Extant competency framework

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in balance and gait assessment

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments