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## Instructions:<sup>1</sup>

- Administration by face-to-face interview is recommended.
- The ABC can be self-administered via a paper copy. If scale is to be self-administered, the instructions should be provided on top or on a cover sheet. Instructions must address if they do not currently do the activity AND if they normally use a walking aid or hold onto someone.
- Please refer to the protocol for standardized administration of the ABC. This can be found at: <http://neuropt.org/practice-resources/anpt-clinical-practice-guidelines/core-outcome-measures-cpg>

## Copyright and Use:

- The print version of the scale may be reproduced for student training, research and clinical practices in which therapists and assistants use the scale to assess fewer than 1000 patients per year. In all other cases, including: translation into other languages than English, other modifications to the scale itself and/or instructions, use in clinical trials, for commercial or marketing purposes, or in larger scale practices (1,000+ patients per year) and electronic record keeping, permission must be obtained by the researcher or institution by contacting [amyers@uwaterloo.ca](mailto:amyers@uwaterloo.ca).

## Scoring:<sup>1</sup>

- Items are rated on a 0% to 100% whole number rating scale.
- Scores reflect overall perceived confidence.
- Scores of zero represent no confidence; scores of 100 indicate complete confidence.
- Total the ratings (possible range = 0-1600) and divide by 16 (number of items) to get the patient's ABC score or overall percent of balance confidence.  
 $Total \div 16 = \underline{\hspace{2cm}} \% \text{ of self-confidence (ABC score)}$
- At least 12 of the 16 items must be answered to calculate an ABC score. If items are skipped, only divide by the number of items completed.

## Considerations:

- The tool is available in multiple languages.
- Patients with hand impairments may require assistance for recording responses.
- Patients with lack of insight into impairments may have difficulty with responding accurately.

## What Does My Patient's Score Mean?:

Cut-off scores and normative values may be used in conjunction with a complete evaluation to interpret the meaning of a patient's ABC score.

- Parkinson's Disease
  - Cut-off score of < 69% is predictive of recurrent falls.<sup>2</sup>
- Stroke (chronic, > 6 months post)
  - Cut-off score of 81.1% indicates relative certainty that the patient does not have a history of falls.<sup>3</sup>
- Older Adults
  - Scores < 67% indicate risk for falling; accurately classify people who fall 84% of the time<sup>4</sup>
- Older Adults<sup>5</sup>
  - >80% = high level of physical functioning
  - 50-80% = moderate level of physical functioning
  - < 50% = low level of physical functioning

## What Constitutes a Change in the ABC Score?:

Change can be determined using values of Minimal Detectable Change (MDC) and Minimal Clinically Important Difference (MCID). MDC is the minimal change required to ensure the change is not the result of measurement error. MCID is the minimal change required for the patient to also feel an improvement in the construct being measured.

†Denotes that the MDC was calculated from the Standard Error of the Measure.

- Parkinson's Disease
  - MDC (Hoehn & Yahr 1-4): 13%<sup>6</sup>
  - MDC†: 30.5%<sup>7</sup>
- Stroke (acute to chronic)
  - MDC†: 14%<sup>†8</sup>

## REFERENCES

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