

Functional Reach Test



The Functional Reach Test is a single item test developed as a quick screen for balance problems in older adults.

Interpretation:

A score of 6 or less indicates a significant increased risk for falls.

A score between 6-10 inches indicates a moderate risk for falls.

Age related norms for the functional reach test:

<u>Age</u>	<u>Men (in inches)</u>	<u>Women (in inches)</u>
20-40yrs	16.7 ± 1.9	14.6 ± 2.2
41-69yrs	14.9 ± 2.2	13.8 ± 2.2
70-87	13.2 ± 1.6	10.5 ± 3.5

Requirements:

The patient must be able to stand independently for at least 30 seconds without support and be able to flex the shoulder to at least 90 degrees.

Equipment and Set up:

A yard stick is attached to a wall at about shoulder height. The patient is positioned in front of this so that upon flexing the shoulder to 90 degrees, an initial reading on the yard stick can be taken. The practitioner takes a position 5-10 feet away from the patient, viewing the patient from the side.

Instructions:

Position the patient close to the wall so that he or she may reach forward along the length of the yardstick. The patient is instructed to stand with feet shoulder distance apart then make a fist and raise the arm up so that it's parallel to the floor. At this time, the practitioner takes an initial reading on the yard stick, usually spotting the knuckle of the third metacarpal. The patient is instructed to reach forward along the yardstick without moving the feet. Any reaching strategy is allowed, but the hand should remain in a fist. The practitioner takes a reading on the yardstick of the farthest reach attained by the patient without taking a step. The initial reading is subtracted from the final to obtain the functional reach score.

References:

1. Duncan, PW, Weiner DK, Chadler J, Studenske S. Functional reach: A new clinical measure of balance. *J Gerontol.* 1990; 45:M192.
2. Duncan, PW, et al: Functional reach: Predictive validity in a sample of elderly male veterans. *J Gerontol.* 1992; 47:M93.
3. Mann, GC, et al: Functional reach and single leg stance in patients with peripheral vestibular disorders. *J Vestib Res.* 1996; 6:343.
4. Weiner, DK, et al: Does functional reach improve with rehabilitation. *Arch Phys Med Rehab.* 1993; 74:796.