**Challenges viewed as a normal part of the individual's daily activity**
Appropriate support provided by researcher.
Subject initiates actions

**Challenges beyond those viewed as part of the individual's daily activity**
Includes all testing that involves visual sensory deprivation and/or an altered surface.
Appropriate support provided by researcher
Researcher or equipment initiates actions

---

**Type of Exercise**

**Screening Form**

**Subject Risk**

**Recommended Action**

**Review Level**

---

**Low Risk**
No risk factors associated with balance impairment and No osteoporosis and Good cognitive function

**Moderate Risk**
1 or more risk factors associated with balance impairment and No osteoporosis and Good cognitive function

**High Risk**
Osteoporosis and/or Poor cognitive function

---

**Medical Examination**
- **Not necessary.** Key safety factor relates to experience of tester working with similar subjects
- **Recommended.** Key safety factor relates to experience of tester working with similar subjects
- **May be recommended.** Key safety factor relates to experience of tester working with similar subjects

---

**Screening form**
- that includes risks for falls and balance and any risks specific to the exercises. If appropriate, do additional screening according to intensity of aerobic/strength/endurance/power components of the balance/mobility exercises.

---

**September 2013**
Balance and Mobility Exercise.
This includes both static and dynamic exercises that challenge an individual's stability as he or she remains still or moves through the environment. The exercises may include a combination of balance, strength, quickness and ambulatory decision making found in the environment or designed to enhance function.

Daily Activity.
This includes balance and mobility challenges experienced in the normal environment for the individual. It assumes the subject is at his or her full capacity. Examples: (a) an elderly subject who lives in assisted living walking or standing on a stable surface with eyes open in a lighted room using his or her usual walking aid; (b) a gymnast walking on a beam while looking up; or (c) children playing on an age-appropriate jungle gym.

Risks for Falls or Balance
The following are some factors that contribute to falls or decrease balance. This is not a comprehensive list that would satisfy all protocols. The number of incidences (e.g., number of recent falls or number of medications) as well as the combination of factors can exponentially increase the risk of falling.
- Vision deficit including cataracts, glaucoma, macular degeneration or other conditions
- Vestibular problems including acute and chronic dizziness or light headedness
- Medications associated with falls including psychotropics, anti-hypertensives and other medications that cause dizziness or have been associated with falls
- Leg weakness due to muscle or nerve loss
- Record of unexplained falls
- Record of falls commonly associated with frailty or low physical function
- Inability to walk and move about safely without a walking aid
- Assistance or nursing care is needed to complete activities of daily living (ADLs)

NOTE: Osteoporosis and cognitive function are major factors used in determining the subject’s risk during an exercise program. Osteoporosis increases the risk of fractures, and limited ability to make good choices during exercise increases chance of injury. Safety precautions must be explicit when including participants with these risks.

Determination of Osteoporosis or No Osteoporosis.
The researcher will make this determination based on the subject’s information on his or her diagnosis of osteoporosis. If a subject has not had a recent bone mineral density assessment and the researcher suspects the subject is at risk for osteoporosis, the researcher is advised to seek more information about this risk.

The Exercise Decision Trees serve as guidelines for the Institutional Review Board. If a researcher wishes to deviate from the guidelines s/he must provide justification for any modifications.