

APPENDIX

Online Survey

Note: only questions relevant to this study are included in this appendix

Q: Does your balance-related course content include any of the following components of postural control (in isolation or combination)? Check all that apply.

	Never include	Yes, included but mentioned only briefly	Yes, included and explained in detail	Yes, included and explained in detail and practical experience involving component is provided
Anticipatory postural control- Ability to shift the center of mass before a voluntary movement (e.g. stepping- lifting leg, arm raise)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive influences- Ability to maintain stability while responding to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dynamic stability- Ability to exert ongoing control of center of mass when the base of support is changing (e.g. during gait, postural transitions such as turning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limits of stability- Ability to move the center of mass as far as possible in the anterior-posterior or medio-lateral directions within the base of support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reactive postural control- Ability to recover stability after an external perturbation to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

bring the center of mass within the base of support through corrective movements (e.g. ankle, hip, stepping strategies)				
Sensory integration- Ability to combine and/or re-weight sensory information (e.g., vision, vestibular, somatosensory) for balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Static stability- Ability to maintain position of the center of mass in unsupported stance when the base of support does not change (may include wide stance, narrow stance, one legged stance, tandem- any standing condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underlying motor systems- E.g., muscle strength, coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underlying sensory systems- E.g., vision, vestibular, proprioception commands during the task or attend to additional tasks (e.g. dual-tasking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verticality- Ability to orient appropriately with respect to gravity, support surface and visual surround (e.g. evaluation of lean)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: Please specify_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q: Do you address any of the following balance measures to assess balance in adults (defined as over age 18)? Check all that apply.

	No never include	Yes, mentioned but not explained (E.g., list of options given)	Yes, explained briefly (E.g., general description provided)	Yes, explained in detail including psychometric properties and interpretation of scores	Yes, explained in detail as above and practical experience administering the test is provided
Any variation of sit to stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance Evaluation Systems Test (BESTest) (any version e.g., Brief/Mini)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance Outcome Measure for Elder Rehabilitation (BOOMER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Berg Balance Scale (BBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Test of Sensory Integration in Balance ('CTSIB', 'Foam and Dome')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Balance and Mobility Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dynamic Gait Index (DGI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Five step test (alternate stepping on and off a step)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Four Square Step Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FROP (Fall Risk Assessment for Older Adults – community version)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fullerton Advanced Balance Scale (FAB scale)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximal step length test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movement Observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Push and Release Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romberg's test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scott Fall Risk Screen (SFRS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single leg stance (independent of another measure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Star Excursion Balance Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tandem standing/walking (independent of another measure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timed Up and Go (TUG) (alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timed Up and Go (TUG) (with dual task)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tinetti: Performance- Oriented Mobility Assessment (POMA) or any variation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technological measures (i.e., equipment or technology that provides quantitative information about forces, motion, muscle activity or spatio-temporal characteristics of gait or balance [e.g. force plates, pressure-sensitive mats (GaitRITE™), inertial measurement units (e.g. Opals by APDM), motion analysis systems, electromyography (EMG), perturbation systems (Neurocom™, Chadex™)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q: If you answered “**No, never include**” to all options in Q: **inclusion of balance components** and Q: **inclusion of balance measures**, please briefly explain below *how* you incorporate balance related content in your course.

Explanation:

The following questions are about you and your program.

Q: What is the entry level to practice degree in your program? Check all that apply.

- ☐ Doctorate in Physical Therapy
- ☐ Masters in Physical Therapy
- ☐ Other (please specify): _____

Q: How long is the typical duration of your physical therapy program?

- ☐ 1 Year
- ☐ 2 Years
- ☐ 3 Years
- ☐ 4 Years
- ☐ Other (please specify): _____

Q: How long have you been instructing in any physical therapy program?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ More than 10 years

Q: Are you a PT?

- ☐ Yes –add in when did you graduate with your PT degree?
- ☐ No

* If no, please describe training: _____

Q: Where is your physical therapy program located?

- ☐ Canada
- ☐ United States