

# Get-up and Go Test

The “Get Up and Go Test” is an assessment that should be conducted as part of a routine evaluation when dealing with older persons. Its purpose is to detect “fallers” and to identify those who need evaluation.

The staff should be trained to perform the “Get Up and Go Test” at check-in and query those with gait or balance problems for falls.

## INITIAL CHECK

All older persons who report a single fall should be observed as they:

- From a sitting position, stand without using their arms for support.
- Walk several paces, turn, and return to the chair.
- Sit back in the chair without using their arms for support.

Individuals who have difficulty or demonstrate unsteadiness performing this test require further assessment.

## FOLLOW-UP ASSESSMENT

In the follow-up assessment, ask the person to:

- Sit.
- Stand without using their arms for support.
- Close their eyes for a few seconds, while standing in place.
- Stand with eyes closed, while you push gently on his or her sternum.
- Walk a short distance and come to a complete stop.
- Turn around and return to the chair.
- Sit in the chair without using their arms for support.

While conducting the test, pay attention to any abnormal movements.

As you observe, answer the questions below. Record your assessment in the Yes or No boxes provided and/or on the “Falls Evaluation: Initial Visit” form.

## Follow-Up Assessment Observations

|  | Yes | No |
|--|-----|----|
| Is the person steady and balanced when sitting upright?          |     |    |
| Is the person able to stand with the arms folded?                |     |    |
| When standing, is the person steady in narrow stance?            |     |    |
| With eyes closed, does the person remain steady?                 |     |    |
| When nudged, does the person recover without difficulty?         |     |    |
| Does with person start walking without hesitancy?                |     |    |
| When walking, does each foot clear the floor well?               |     |    |
| Is there step symmetry, with the steps equal length and regular? |     |    |
| Does the person take continuous, regular steps?                  |     |    |
| Does the person walk straight without a walking aid?             |     |    |
| Does the person stand with heels close together?                 |     |    |
| Is the person able to sit safely and judge distance correctly?   |     |    |

Additional Observations:

Patient last name: .....  
Patient first name: .....

Date of birth: .... / .... / .....  
Date: .... / .... / .....