The Single Leg Stance Test is a valuable clinical tool to help monitor neurological and musculoskeletal status as well as to manage fall risk.

### KEY STUDIES

- **Strong correlations for SLST with Berg Balance Scale (r = 0.72)**
- **Borderline acceptable accuracy in identifying individuals with falls history (AUC = 0.684, 95% CI = 0.574 to 0.780, p = 0.004)**
- **SLST is a promising clinical screening tool for falls risk assessment in older adults with COPD**
- **Provocation of pain during 30s SLST shows sensitivity (100%) and specificity (97.3%) in detecting tendinopathy of gluteus medius and minimus compared to gold standard MRI**
- **Evidence of validity in patients with confirmed hip dysfunction**
- **Lack of reliability in young, athletic patients with hip dysfunction**

The SLST may help determine if patients are at risk for falls OR have MSK deficits or disorders, but the validity and reliability of the test depends on the patient population tested. This test may be best used in small spaces or under time constraints.

### WORKS CITED


### PROCEDURE

- **Choose to be performed with eyes open OR eyes closed**
- **Shoes removed if possible**
- **Patient stands unassisted on one leg with arms on hips OR across chest**
- **Test is measured in seconds from moment non-testing limb is lifted from floor until:**
  - The lifted foot touches the ground again
  - The lifted foot touches the standing limb
  - The arms are removed from the hips
  - The eyes open (if conducting test with eyes closed)

A score of ≤5 seconds indicates that the patient is at an increased risk of falls.