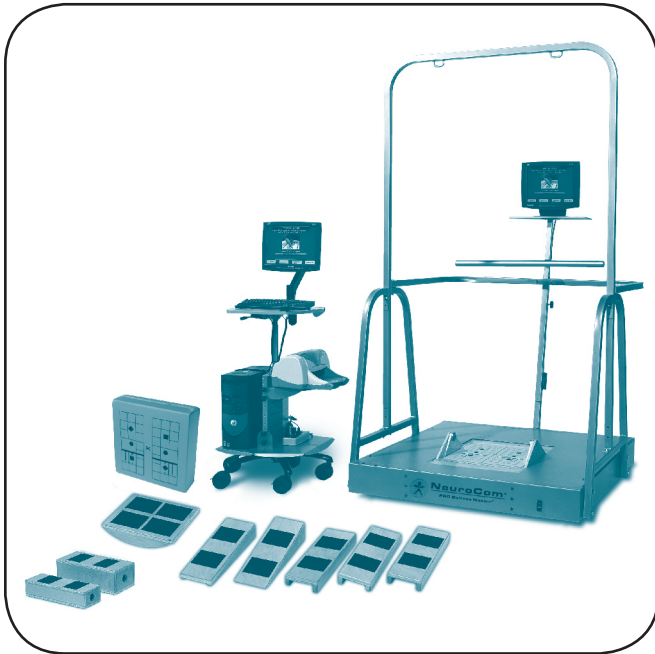




## PRO Balance Master®



### Components:

- PRO Balance Master® system software
- Moveable dual forceplate (rotate)
- Overhead patient support bar with harness set
- IBM compatible computer
- Two flat panel LCD monitors
- Color printer
- Wireless mouse
- Mobile computer cart

### Accessories Included:

- Rocker board
- Step-up blocks: 4 in (10 cm) and 6 in (15 cm)
- Leveling block: 2 in (5 cm)
- Heel/toe wedges: 6° and 12° A/P
- Inversion/eversion wedges: 3° and 6° M/L
- Foam pad: 18 x 18 x 5 in (46 x 46 x 13 cm)

Specifications subject to change without notice.

### Physical Dimensions:

	(W x D x H)	
	in	cm
Assembled dimensions	53 x 61 x 94	135 x 155 x 239
Base	53 x 61 x 6	135 x 155 x 15
System cart	25 x 24 x 44-57*	64 x 61 x 112-145*
Dual forceplate	18 x 18	46 x 46
Step height	6	15
*Minimum-maximum monitor extension height.		
Maximum subject height	80	203
Minimum footprint required	94 x 75	239 x 191
Minimum ceiling height	95	242
Total system weight	660 lbs.	300 kg.

### Electrical Characteristics:

- 100-240 volt / 50-60 Hz / 1200 Watt
- Conforms to UL STD 2601-1
- Certified to CAN/CSA STD C22.2 No. 601.1
- Compliant to CE standards



### Performance Characteristics:

Rotation of the dual forceplate is controlled by a direct current servomotor.

- Forceplate rotation  $\pm 10^\circ$ , maximum velocity 50°/sec.

### Options:

- *inVision*™
- Head Shake-Sensory Organization Test (HS-SOT)
- EMG/Postural Evoked Response (PER)
- Pressure Test
- D.A.T.a™
- NeuroGames™
- 18" x 60" static forceplate
- Laptop configuration

See Individual Specification Sheets for Details



## PRO Balance Master®

### **Standardized Assessment Protocols:**

**Adaptation Test (ADT)** The ADT is an assessment of the automatic motor system that quantifies impairments in the patient's ability to adapt automatic responses to minimize sway when exposed to surface irregularities and unexpected changes in support surface inclination. The ADT quantifies the patient's ability to systematically reduce their sway energy during repeated exposure to the same surface tilt disturbance.

**Limits of Stability (LOS)** The LOS is an assessment of the voluntary motor system that quantifies impairments in ability to intentionally displace the COG to the patient's stability limits without losing balance. The patient performs the task while viewing a real-time display of their COG position in relation to targets placed at the center of the base of support and at the stability limits. For each of eight directions, the test measures movement reaction time, movement velocity, movement distance, and movement directional control.

**modified Sensory Organization Test (mSOT)** The mSOT is a subset of the SOT that includes SOT conditions 1, 2, 4, and 5. The mSOT isolates and quantifies impairments in the patient's use of somatosensory, visual, and vestibular inputs to balance, as well as quantifying secondary maladaptive impairments related to the patient's ability to select appropriate movement strategies and to accurately align their center of gravity (COG) relative to their base of support. The mSOT does not provide information related to inappropriate use of inputs providing incorrect information.

**Rhythmic Weight Shift (RWS)** The RWS quantifies the patient's ability to perform rhythmic movements of their COG from left to right and forward to backward at three distinct paces. During performance of each task, the patient views a real time display of their COG position relative to a target moving at the desired pace and amplitude. For each direction and pace, the RWS measures movement velocity and directional control.

**Weight Bearing Squat (WBS)** The WBS quantifies the patient's ability to perform squats with the knees flexed at 0°, 30°, 60°, and 90°, while maintaining equal weight on the two legs.

**Unilateral Stance (US)** The US is a performance test quantifying the patient's ability to maintain postural stability while standing on one leg at a time with the eyes open and closed. The US enhances the observational testing of single leg stance performance by providing an objective measure of patient sway velocity for each of the four task conditions.