Balance Exercises
Static Standing – Single Leg Stance

Suggested Accessories

→ Metronome OR clock with a second hand

Safety

→ Stand with your back in a corner, close to the wall but not touching. Place a firm chair in front of you.

Exercise Instructions

→ The goal of this exercise is to maintain good posture (stand tall) and minimize your sway, but not be stiff and tense.

→ Stand on a firm surface, on your dominant leg. Do not rest your lifted leg against your other leg! Repeat the exercise on your non-dominant leg.

→ There are 6 variations of this exercise (see below). It is normal to feel your leg muscles working hard, especially with the difficult exercises.

→ For exercises with head turns, set your metronome to 60 beats per minute (one movement per second). Head movements should be in a comfortable range and not cause neck pain.

→ Perform each exercise for 30 seconds
Exercise Variations*

Perform the checked exercises for 30 seconds each, ___ times per day, ___ times per week.

- Stand on a **firm surface, on one leg, eyes open**
- Stand on a **firm surface, on one leg, eyes open.** **Move your head up, center, down, center** at a rate of 1 movement per second
- Stand on a **firm surface, on one leg, eyes open.** **Move your head left, center, right, center** at a rate of 1 movement per second
- Stand on a **firm surface, on one leg, eyes closed**
- Stand on a **firm surface, on one leg, eyes closed.** **Move your head up, center, down, center** at a rate of 1 movement per second
- Stand on a **firm surface, on one leg, eyes closed.** **Move your head left, center, right, center** at a rate of 1 movement per second

*Exercises should be challenging but safe!*

Disclaimer: This document contains instructions for occupational and/or physical therapy exercises developed by the University of Michigan Health System (UMHS). Your health care provider has determined that these exercises are beneficial to you based on your condition at this time. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan, including whether it is appropriate to continue doing these exercises should your condition change.

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