HEALTH BASICS

Balance

Balance is the body's ability to stay steady while standing or moving.

WHAT IT IS
The ability to control body position and movement

WHERE IT COMES UP
Dizziness visits, falls assessments, rehabilitation, and neurological examinations

WHY IT MATTERS
Supports safe movement, independence, and protection from falls

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A primary care clinician, physiotherapist, or vestibular specialist

HOW IT IS CHECKED
Movement tasks, physical examination, and sometimes vestibular testing

Overview

Balance is your ability to control your body's position. It helps you remain upright, respond to uneven ground, and move without falling.

Balance is not a disease or a diagnosis. It is a body function created by several systems working together. These include your eyes, inner ears, nerves, brain, muscles, and joints.

You use balance during obvious activities, such as walking or climbing stairs. You also use it while sitting, turning your head, reaching into a cupboard, or getting out of bed.

A change in balance can have many explanations. Some are temporary, such as tiredness, dehydration, or the effects of alcohol or medicine. Others relate to a health condition affecting the inner ear, nervous system, circulation, vision, muscles, or joints.

"Balance problems" and "dizziness" are sometimes used as if they mean the same thing. They do not. Dizziness can mean spinning, light-headedness, disorientation, or feeling unsteady. Describing the exact sensation and when it happens can help a clinician choose the right assessment.

How it works

Your brain continuously compares information from three main sensory systems.

Your eyes show where your body is in relation to nearby objects and the horizon. Vision becomes especially important in dim light, on unfamiliar ground, or when other balance signals are less reliable.

The vestibular system is located in the inner ear. It senses head movement, rotation, and the pull of gravity. It helps your eyes stay focused while your head moves.

Proprioception is your awareness of where your body parts are without looking at them. Sensors in your muscles, tendons, joints, and skin provide this information. For example, they help you tell whether your foot is flat or tilted on the ground.

The brain combines these signals and decides what they mean. The brainstem and cerebellum-areas involved in movement and coordination-play important roles. The brain can give more weight to one source of information when another is less useful.

Your muscles then make small, rapid adjustments. An ankle may tighten, a hip may shift, or you may take a step. Most of these corrections happen without conscious thought.

Balance changes with the task and surroundings. Standing on one leg is harder than standing on two. A soft surface gives less reliable information through the feet. Turning quickly requires different responses from walking in a straight line.

Why it matters for your health

Balance supports mobility and everyday independence. It helps with washing, dressing, shopping, using transport, exercising, and moving safely around the home.

Reduced balance can contribute to falls. A fall can cause injury, but it may also affect confidence. Some people begin avoiding movement because they are worried about falling. Less activity can then reduce muscle strength and make daily tasks harder.

Balance also provides useful information during a health assessment. A clinician may look at how you stand, walk, turn, use your eyes, and respond to changes in position. These observations can help identify which body system needs closer assessment.

There is no single score that defines "normal" balance for everyone. Performance is influenced by age, strength, eyesight, footwear, medicines, previous injuries, health conditions, and the difficulty of the task.

What can go wrong

Many conditions and situations can interfere with the systems used for balance.

Inner-ear conditions include benign paroxysmal positional vertigo, often called BPPV, in which certain head movements trigger brief spinning sensations. Vestibular neuritis affects a balance nerve in the inner ear. Ménière's disease can involve episodes of vertigo with hearing changes and pressure in an ear.

Nerve conditions can reduce sensation in the feet. Peripheral neuropathy, which means damage to nerves outside the brain and spinal cord, may make it harder to detect the ground. Diabetes is one possible cause of neuropathy.

Neurological conditions can affect movement, coordination, or sensory processing. Examples include stroke, Parkinson's disease, multiple sclerosis, and disorders affecting the cerebellum. These conditions have many possible features; a balance change alone does not establish a diagnosis.

Poor vision, cataracts, unsuitable glasses, painful joints, foot problems, and muscle weakness can also affect stability. A sudden drop in blood pressure when standing may cause light-headedness or faintness.

Medicines can contribute through sleepiness, slowed reactions, low blood pressure, blurred vision, or interactions with other medicines. Alcohol and other sedating substances can have similar effects. Do not stop a prescribed medicine on your own.

Environmental factors matter as well. Loose rugs, poor lighting, icy paths, clutter, and unsuitable footwear can make a balance challenge more difficult.

What you can do

Arrange routine follow-up if you notice an ongoing change in your steadiness, have repeated falls or near-falls, or start avoiding activities because you feel unsafe. A primary care clinician can review possible causes and decide whether another service is needed.

Useful details to record include:

An assessment may include checks of your walking, eye movements, coordination, muscle strength, sensation, blood pressure, hearing, and vision. Task-based assessments may time how you stand up, walk, turn, and sit down. When an inner-ear cause is suspected, positional or vestibular tests may be used.

There is no general blood test for balance. Blood tests, heart tests, hearing tests, or imaging are ordered only when the history and examination suggest a reason for them.

Ask whether any medicine could be affecting alertness or blood pressure. A pharmacist or prescribing clinician can review combinations safely. Also ask whether physiotherapy, vestibular rehabilitation, a vision review, or a home falls assessment would fit your situation.

Physical activity and balance training can help some people, but the safest type depends on current ability and the cause being assessed. Avoid testing yourself with difficult one-legged stances near stairs, sharp furniture, or other hazards.

Seek urgent medical assessment for a sudden major change in balance, especially with new hearing loss, repeated vomiting, or inability to walk safely.

Call emergency services for sudden unsteadiness accompanied by facial drooping, one-sided weakness or numbness, trouble speaking, new severe headache, loss of consciousness, chest pain, or serious injury after a fall. These combinations can signal a time-sensitive medical problem.

- When the change began and whether it was sudden or gradual
- What you were doing when it happened
- Whether you felt spinning, faintness, weakness, or simple unsteadiness
- Any falls, near-falls, hearing changes, headaches, or vision changes
- Your medicines, including non-prescription products and supplements

Common questions

Is balance the same as coordination?

No. Balance controls body position and stability. Coordination allows body parts to work together smoothly. The two functions overlap, and the same condition may affect both.

Is dizziness always an inner-ear problem?

No. Inner-ear conditions are one possibility. Dizziness can also relate to blood pressure, medicines, migraine, heart rhythm problems, vision, anxiety, neurological conditions, or other causes.

Does balance always worsen with age?

Some changes in vision, sensation, strength, and reaction speed become more common with age. A noticeable change should not automatically be dismissed as ageing, particularly if it is sudden or has led to falls.

Can balance improve?

Often, yes. Improvement may come from addressing a contributing condition, adjusting

medicines safely, correcting vision or footwear problems, building strength, or completing targeted rehabilitation. The appropriate approach depends on what is affecting balance.

Will I need a brain scan?

Not necessarily. Many balance assessments do not require imaging. A clinician may consider a scan when the history or examination suggests a problem involving the brain, blood vessels, or another structure that imaging can evaluate.

Sources

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