HEALTH BASICS

Health & balance

Balance is your ability to stay upright and move steadily.

WHAT IT IS
The ability to stay upright and move steadily

WHERE IT COMES UP
Walking, falls, dizziness, exercise, and health assessments

WHY IT MATTERS
Stable movement supports independence and reduces fall-related injury

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A primary care clinician, physiotherapist, audiologist, or relevant specialist

HOW IT IS CHECKED
History, blood pressure, eye movements, gait, and balance tests

Overview

Balance is your ability to control your body's position while standing, sitting, or moving. It lets you get out of a chair, turn your head while walking, use stairs, and recover from a small trip.

Balance is not a disease or a diagnosis. It is a body function that relies on several systems working together. A change in balance may come from the inner ear, eyes, nerves, brain, muscles, joints, circulation, medicines, or the environment around you.

A balance problem is not always described as "dizziness." You might instead feel unsteady, lightheaded, pulled to one side, or as if the room is spinning. These sensations mean different things, so the words you use to describe them can help guide an assessment.

Balance can change temporarily. Examples include standing up too quickly, walking in darkness, being dehydrated, or taking a medicine that causes drowsiness. Persistent, repeated, or unexplained changes deserve routine medical assessment.

How it works

Your brain continually combines information from three main sources.

Your inner ears contain the vestibular system , a set of fluid-filled structures and sensory organs that detect head movement and gravity. This helps your brain work out which way you are moving.

Your eyes show where you are in relation to objects around you. Vision becomes especially important on uneven ground or when other balance signals are less reliable.

Sensors in your muscles, joints, and skin report the position and movement of your body. This sense is called proprioception . It allows you to know where your feet and limbs are without looking at them.

The brain compares these signals and sends instructions to the muscles that support your posture. Your legs, trunk, neck, and feet then make many small adjustments to keep you stable.

Balance is harder when information is missing or conflicting. For example, closing your eyes removes visual guidance. Standing on a soft surface makes signals from the feet and ankles less precise. Riding in a moving vehicle can create a mismatch between what the eyes see and what the inner ears detect.

Blood flow also matters. A drop in blood pressure after standing can cause lightheadedness or faintness. This is called orthostatic hypotension , meaning low blood pressure related to a change in position.

Why it matters for your health

Good balance helps you move safely and take part in everyday activities. It supports walking, exercise, work, household tasks, and personal care.

Reduced balance can increase the chance of falling. Falls may cause bruises, head injuries, or broken bones. Fear of falling can also lead someone to move less. Over time, reduced activity can weaken muscles and make balance more difficult.

Changes in balance can sometimes provide useful information about another health issue. The pattern matters. Brief spinning triggered by rolling over in bed, for example, differs from lightheadedness after standing or gradually worsening numbness in the feet.

Balance is only one part of fall risk. Footwear, lighting, loose rugs, stairs, alcohol, vision, muscle strength, medicines, and the need to rush to the bathroom can all contribute. A useful assessment looks at the whole situation rather than relying on one balance test.

What can go wrong

Several named conditions and situations can affect balance.

Benign paroxysmal positional vertigo , or BPPV, causes brief episodes of spinning with certain head movements. It happens when tiny calcium particles move into the wrong part of the inner ear.

Other inner-ear conditions include vestibular neuritis , labyrinthitis , and Ménière's disease . These can affect balance and may cause vertigo, nausea, hearing changes, or ringing in the ear.

Peripheral neuropathy is nerve damage, often affecting the feet. Reduced sensation can make it harder to judge where the feet are placed. Joint disease, muscle weakness, painful feet, and some neurological conditions can also reduce stability.

Medicines may contribute through sleepiness, blurred vision, low blood pressure, or slower reactions. Alcohol and other sedating substances can have similar effects. Do not stop a prescribed medicine suddenly unless a clinician has told you to do so.

Low blood pressure, dehydration, an irregular heartbeat, low blood sugar, or anaemia may cause faintness or weakness rather than true spinning. Anxiety and migraine can also produce dizziness or unsteadiness, but these should not be assumed without an assessment.

Sudden loss of balance can occur with a stroke, particularly when it appears with other neurological changes. Seek emergency help for new severe imbalance accompanied by any of the following:

These symptoms need urgent assessment even if they improve quickly.

Arrange routine follow-up for repeated dizziness, unexplained falls, worsening unsteadiness, new hearing changes, or balance problems that interfere with daily activities. Prompt advice is also appropriate after a fall that caused injury or if you take blood-thinning medicine and hit your head.

- Facial drooping, arm or leg weakness, or numbness
- Trouble speaking, understanding speech, or swallowing
- New double vision or loss of vision
- A sudden severe headache
- Fainting, chest pain, or severe breathing difficulty
- Inability to stand or walk safely
- A serious head injury or repeated vomiting

What you can do

There is no single home test that explains every balance change. Useful actions focus on recording what happens and asking for an appropriate assessment.

Keep a brief record of episodes. Note what you were doing, whether you felt spinning or faintness, how long it lasted, and whether you had hearing changes, headache, nausea, weakness, or palpitations. Include recent falls and near-falls.

Bring an up-to-date list of prescription medicines, non-prescription products, supplements, alcohol use, and other substances. Ask whether any could affect alertness, vision, blood pressure, or coordination.

A clinician may check blood pressure while you are lying or sitting and again after standing. Depending on the pattern, an assessment may also include hearing, vision, eye movements, sensation, strength, walking, heart rhythm, or positional testing for BPPV. Scans and blood tests are not needed for every balance concern.

You can ask:

Regular activity that includes strength and balance work can help many people maintain physical function. The safest starting point depends on your mobility, fall history, and other health conditions. A physiotherapist can assess movement and tailor exercises when needed.

Practical home measures include good lighting, secure handrails, clear walking routes, and footwear that fits well. Avoid relying on furniture for support. If you use a walking aid, make sure it is the correct height and in good condition.

- Could my medicines or blood pressure be affecting my balance?
- Would a hearing, vision, nerve, or heart assessment be useful?
- Would physiotherapy or vestibular rehabilitation fit my situation?
- Is a walking aid appropriate, and how should it be fitted?
- Which home hazards should I address first?

Common questions

Is poor balance a normal part of ageing?

Age-related changes in vision, sensation, reaction time, muscles, and the inner ear can affect balance. However, repeated falls or new unsteadiness should not be dismissed as ageing. Treatable factors may be involved.

Is dizziness the same as a balance problem?

No. "Dizziness" can mean spinning, faintness, floating, or unsteadiness. Some people have dizziness without difficulty walking, while others have impaired balance without feeling dizzy.

Can an inner-ear problem affect balance without affecting hearing?

Yes. Some vestibular conditions mainly affect balance and eye movements. Others affect both balance and hearing. The pattern helps determine which assessments may be useful.

Do I need a brain scan?

Not everyone with dizziness or imbalance needs imaging. A clinician bases that decision on the timing, examination findings, injuries, medical history, and any warning signs.

Can balance exercises fix every problem?

No. Exercise may improve strength, coordination, and confidence, but it does not address every cause. Treatment may instead involve a specific repositioning manoeuvre, medicine review, vision care, management of blood pressure, or another targeted approach.

Should I avoid activity if I feel unsteady?

Complete inactivity can lead to weakness, but unsafe activity can cause a fall. Until the cause is assessed, avoid situations where sudden unsteadiness could be dangerous, such as ladders, unsupported heights, swimming alone, or driving during active episodes.

Sources

- National Institute on Deafness and Other Communication Disorders. Balance Disorders . National Institutes of Health
- Centers for Disease Control and Prevention. STEADI: Stopping Elderly Accidents, Deaths and Injuries . Clinical fall-risk resources
- National Institute for Health and Care Excellence. Falls: Assessment and Prevention in Older People and in People 50 and Over at Higher Risk . NICE guideline NG249, 2025
- Bhattacharyya N, Gubbels SP, Schwartz SR, and colleagues. Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update) . Otolaryngology-Head and Neck Surgery. 2017;156(3 supplement):S1-S47
- National Institute on Aging. Prevent Falls and Fractures . National Institutes of Health
- Centers for Disease Control and Prevention. Signs and Symptoms of Stroke . Stroke information for the public