02.01.08 Dynamic Posturography

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Summary

Description

Dynamic posturography tests an individual's balance control in situations intended to isolate factors affecting balance in everyday experiences. Posturography provides quantitative information on the degree of imbalance present but is not intended to diagnose specific types of balance disorders.

Summary of Evidence

For individuals with suspected balance disorders who receive dynamic posturography, the evidence includes cross-sectional comparisons of results in individuals with balance disorders and healthy controls and retrospective case series reporting outcomes for individuals assessed with dynamic posturography as part of clinical care. Relevant outcomes are test accuracy and validity, symptoms, and morbid events. There are no generally accepted reference standards for dynamic posturography, which makes it difficult to determine how testing results can be applied to clinical care. There are no studies demonstrating the clinical utility of the test that would lead to changes in management that improve outcomes (e.g., symptoms, function). The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Additional Information

Not applicable.

OBJECTIVE

The objective of this evidence review is to determine whether the use of dynamic posturography as an adjunctive diagnostic tool improves the net health outcome in individuals with suspected balance disorders.

PRIOR APPROVAL

Not applicable.

POLICY

Dynamic posturography is considered **investigational** for all indications because the evidence is insufficient to determine the technology results in an improvement in the net health outcomes.

POLICY GUIDELINES

Coding

See the Codes table for details.

BACKGROUND

Balance Disorders

Complaints of imbalance are common in older adults and contribute to the risk of falling in this population. Falls are an important cause of death and disability in this population in the United States. Maintenance of balance is a complex physiologic process, requiring interaction of the vestibular, visual, and proprioceptive/somatosensory system, and central reflex mechanisms. Balance is also influenced by the general health of the individual (i.e., muscle tone, strength, range of motion). Therefore, identifying and treating the underlying balance disorder can be difficult. Commonly used balance function tests (e.g., electronystagmography, rotational chair tests) attempt to measure the extent and site of a vestibular lesion but do not assess the functional ability to maintain balance.

Role in Diagnosis

Dynamic posturography, also known as computerized dynamic posturography (CDP) tests an individual's balance control in situations intended to isolate factors that affect balance in everyday experiences. Dynamic posturography (CPD) aims to provide quantitative information on an individual's functional ability to maintain balance. The individual, wearing a harness to prevent falls, stands on an enclosed platform surrounded by a visual field. By altering the angle of the platform or shifting the visual field, the test assesses movement coordination and the sensory organization of visual, somatosensory, and vestibular information relevant to postural control. The individual undergoes six different testing situations designed to evaluate the vestibular, visual, and proprioceptive/somatosensory components of balance. Sway-referencing involves making instantaneous computer-aided alterations to the platform or visual surround to coincide with changes in body position produced by sway. In general terms, the test measures an individual's balance (as measured by a force platform to calculate the movement of the individual's center of mass) while visual and somatosensory cues are altered. These tests vary by whether eyes are open or closed, the platform is fixed or sway-referenced, and whether the visual surround is fixed or sway-referenced. Sway-referencing involves making instantaneous computer-aided alterations to the platform or visual surround to coincide with changes in body position produced by sway. The purpose of sway-referencing is to cancel out accurate feedback from somatosensory or visual systems that are normally involved in maintaining balance. In the first three components of the test, the support surface is stable, and visual cues are either present, absent or sway-referenced. In tests four to six, the support surface is sway-referenced to the individual, and visual cues are either present, absent, or sway-referenced. In tests five and six, the only accurate sensory cues available for balance are vestibular cues. Results of computerized dynamic posturography (CDP) have been used to determine what type of information (i.e., visual, vestibular, proprioceptive) can and cannot be used to maintain balance. Computerized dynamic posturography (CDP) cannot diagnose pathology or be used to localize the site of a lesion.

Posturography tests an individual's balance control in situations intended to isolate factors that affect balance in everyday experiences. Balance can be rapidly assessed qualitatively by asking the patient to maintain a steady stance on a flat or compressible surface (i.e., foam pads) with the eyes open or closed. By closing the eyes, the visual input into balance is eliminated. Use of foam pads eliminates the sensory and proprioceptive cues. Therefore, only vestibular input is available when standing on a foam pad with eyes closed.

Regulatory Status

In 1985, the NeuroCom EquiTest® (NeuroCom International, Portland, OR; now Clackamas, OR), a dynamic posturography device, was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. Other dynamic posturography device makers include Vestibular Technologies (Cheyenne, WY) and Medicapteurs (Balma, France). Companies that previously manufactured dynamic posturography devices include Metitur (Jyvaskyla, Finland) and Micromedical Technology (Chatham, IL). FDA product code: LXV.

RATIONALE

This evidence review was created in December 2000 and has been updated regularly with searches of the PubMed database. The most recent literature update was performed through March 2026.

Evidence reviews assess whether a medical test is clinically useful. A useful test provides information to make a clinical management decision that improves the net health outcome. That is, the balance of benefits and harms is better when the test is used to manage the condition than when another test or no test is used to manage the condition.

The first step in assessing a medical test is to formulate the clinical context and purpose of the test. The test must be technically reliable, clinically valid, and clinically useful for that purpose. Evidence reviews assess the evidence on whether a test is clinically valid and clinically useful. Technical reliability is outside the scope of these reviews, and credible information on technical reliability is available from other sources.

Dynamic Posturography

Clinical Context and Test Purpose

The purpose of computerized dynamic posturography in individuals who have suspected balance dysfunction is to inform a decision whether to pursue additional diagnostic workup (e.g., imaging studies that would not have been indicated based on clinical presentation alone) or immediate treatment.

Populations
The relevant population(s) of interest are individuals presenting with suspected balance dysfunction or dizziness. It would be expected these individuals will have had an initial basic evaluation directed by symptoms that will have included a clinical examination and history, with appropriate vital signs and orthostatic blood pressure measurements, and may have had basic evaluations as directed by their symptoms (e.g., electrocardiogram).

Interventions
The intervention includes a class of dynamic posturography tests. A number of tests have clearance from the FDA. Individuals with balance dysfunction being evaluated with dynamic posturography are generally seen in the outpatient setting. Testing may be conducted by audiologists, physical therapists, or technologies under the supervision of physicians.

Comparators
Depending on the clinical presentation, individuals with balance dysfunction may be managed with clinical evaluation alone or with more intensive evaluations including vestibular functioning testing, which can be used to localize the cause of the dysfunction.

Outcomes
The outcomes of interest are to diagnose and treat the underlying condition correctly. The time frame of interest is months to approximately a year.

Study Selection Criteria
For the evaluation of clinical validity of dynamic posturography, studies that meet the following eligibility criteria were considered:

- Reported on the accuracy of the marketed version of the technology (including any algorithms used to calculate scores)
- Included a suitable reference standard
- Patient/sample clinical characteristics were described
- Patient/sample selection criteria were described.

Clinically Valid
A test must detect the presence or absence of a condition, the risk of developing a condition in the future, or treatment response (beneficial or adverse).

Hayes released an Evolving Evidence Review addressing the clinical validity and clinical utility of computerized dynamic posturography (CPD) for diagnosing vestibular disorders that was last reviewed in December 2025. Upon the review there were no clinical studies which met the inclusion criteria thus showing no support for using computerized dynamic posturography (CDP) for diagnosing vestibular disorders. Upon reviewing systematic reviews, the evidence does not support any potential benefit or advantage to the effected individual because of low sensitivity and specificity in addition to an absence of information on clinical utility.

Review of Evidence
We did not identify any studies that evaluated the sensitivity and specificity of dynamic posturography for diagnosing any specific balance disorder compared with commonly accepted balance tests. There is no criterion standard test for measuring balance, which is a physiologic parameter. Absent a criterion standard comparison, the literature search sought to identify studies that systematically compared results of dynamic posturography and other balance tests in an appropriate individual population (i.e., individuals at increased risk of falling due to balance issues).

Several studies have used both dynamic posturography and another test to assess balance. For example, Fritz et al. (2015) assessed the correlation between dynamic and static posturography and other measures of gait and balance dysfunction in 57 ambulatory patients with multiple sclerosis. Two dynamic posturography parameters and 4 static posturography parameters were measured. Walking velocity (the alternative test) was measured in 2 ways: (1) in a laboratory using the Optotrak Motion Capture System and (2) using the timed 25-foot walk test. In regression analysis, demographics, one of the dynamic posturography parameters (anteroposterior sway), and one of the static posturography parameters (eyes open, feet apart) explained 95.3% of the variance in walking velocity. A higher degree of anteroposterior sway, assessed using dynamic posturography, was significantly associated with higher walking velocity. Although the study found that dynamic posturography was associated with measures of walking velocity, the utility of this information regarding impact on patient management is uncertain.

A study by Ferrazzoli et al. (2015) compared dynamic posturography with the Berg Balance Scale score. The Berg Balance Scale is a 14-item tool that assesses performance on a variety of functional tasks, each rated 0-to-4 (maximal score, 56 points). Lower scores indicate higher fall risk. The study included 29 patients with Parkinson disease (PD) not complaining of balance problems and 12 healthy controls matched for age and sex. Scores on the Berg Balance Scale were significantly lower in PD patients than in controls (p=0.002). Similarly, results of body sway analysis assessed by posturography differed significantly between PD patients and controls. Specifically, compared with controls, PD patients had a higher standard deviation of body sway measurements in the eyes open (p=0.005) and in the eyes open counting (p=0.020) conditions. The standard deviation of PD patients was also higher than controls in posturography along the mediolateral axis in the eyes open condition (p=0.019), but results were similar in the eyes open counting condition. The authors suggested that posturography could be used to identify early balance disorders in PD patients before they develop clinical symptoms, and that rehabilitation programs could be developed to address specific balance issues. As discussed in the next section, there is a lack of prospective studies comparing health outcomes in patients managed with and without dynamic posturography.

Other published literature on dynamic posturography has assessed fall risk in older individuals and other populations. For example, Whitney et al (2006) retrospectively reviewed 100 charts of individuals referred to a balance and falls clinic with a vestibular diagnosis using dynamic posturography. Patients who reported multiple falls over 6 months had lower initial scores on the Sensory Organization Test than those who reported one or no falls.

A study by Soylemez et al (2025) compared various machine learning models which incorporated comorbidities, physical characteristics, functional balance tests, and sensory organization tests from dynamic posturography to determine fall risk in elderly patients. Functional balance tests included the Romberg test, functional reach test, timed up and go test, and one-leg stand test, none of which require the need for equipment. Five models were created to assess balance in the patient population. Model-1 assessed balance based only past medical history and disease and patient characteristics, model-2 based results only on functional balance tests, model-3 consisted of both models-1 and 2, model-4 based results only on posturography results, and model-5 used models-1, 2, and 4. Patients were separated based on no history of previous falls (Group I, n=65) and history of previous fall (Group II, n=55). The composite sensory organization test score as assessed by posturography was significantly worse in patients with a previous history of falls compared to those with no fall history (p<.001). The precision, accuracy, and the area under the receiver operating characteristics curve of each model was assessed and is summarized in Table 1. Models which included past medical history, disease and patient characteristics, and functional balance test data (models-3 and model-5) achieved 100% accuracy in predicting fall risk. Model-4, which only accounted for posturography scores, achieved 91.66% accuracy. Interpretation is limited by the small sample size of this trial.

Table 1. Comparative Analysis of Machine-Learning Models for Predicting Fall Risk

Algorithm	**Precision**	**Accuracy**	**AUC-ROC**
Model-1 (past medical history, diseases and physical characteristics data only)	83%	87.5%	97.9%
Model-2 (FBTs data only)	82%	83.34%	94.4%
Model-3 (Model-1 and Model-2 data)	100%	100%	100%
Model-4 (CDP data)	100%	91.66%	89.5%
Model-5 (all features)	100%	100%	100%

AUC-ROC: area under the receiver operating characteristic curve; CDP: computerized dynamic posturography; FBT: functional balance test.

Additional studies have used dynamic posturography as a research tool to study balance (e.g., in older adults, PD patients, knee osteoarthritis patients); these studies were not designed to evaluate the clinical validity of dynamic posturography. Dynamic posturography has also been considered a control technique in studies evaluating other novel methods of assessing balance. For example, Alahmari et al. (2014) assessed the reliability and validity of a balance rehabilitation device and compared findings with dynamic posturography using the EquiTest.

Clinically Useful

A test is clinically useful if the use of the results informs management decisions that improve the net health outcome of care. The net health outcome can be improved if individuals receive correct therapy, or more effective therapy, or avoid unnecessary therapy, or avoid unnecessary testing.

Direct Evidence

Direct evidence of clinical utility is provided by studies that have compared health outcomes for individuals managed with and without the test. Because these are intervention studies, the preferred evidence would be from randomized controlled trials (RCTs).

No randomized or nonrandomized controlled studies were identified that compared health outcomes in individuals when treatment decisions were made with and without the results of dynamic posturography. A 2009 RCT was identified, but it used dynamic posturography as an outcome measure, rather than as a tool for making treatment decisions; thus, conclusions cannot be drawn from it on the impact of posturography on patient management.

Several retrospective studies have described a customized exercise program based on results of a complete medical and neuro-otologic history and physical examination that included platform posturography. However, the contribution of dynamic posturography to the overall assessment and customization of the exercise program is unclear. In particular, the reports did not describe how (or whether) the exercise programs were modified based on specific deficits identified by platform posturography. Customized vestibular rehabilitation programs can be devised with a standard battery of tests. These retrospective reports were also limited by selection bias and lack of follow-up. Moreover, while these studies showed that individualized therapy could improve patient outcomes, no controlled trials have assessed whether individually customized therapy programs are more effective than generic vestibular exercises.

Also, other related studies have included the use of posturography in the assessment of individuals after clinical intervention. Examples included studies conducted with Parkinson disease (PD) individuals and assessment of patients with idiopathic normal pressure hydrocephalus before and after shunt surgery. For instance, Nocera et al (2009) used posturography to evaluate the effectiveness of a home-based exercise program on postural control for 10 patients with PD. The 10 patients and 10 healthy age-matched controls were assessed with dynamic posturography before and after the 10-week intervention. Dynamic posturography was not used to select patients for the intervention or to individualize the intervention.

Chain of Evidence

Indirect evidence on clinical utility rests on clinical validity. If the evidence is insufficient to demonstrate test performance, no inferences can be made about clinical utility.

Section Summary: Dynamic Posturography

Describing the diagnostic performance of dynamic posturography in terms of sensitivity and specificity is difficult given the lack of a true criterion standard for measuring balance. The available studies comparing dynamic posturography with other types of clinical measures of balance have suggested that posturography results correlate with those measures; however, whether dynamic posturography can be used as a diagnostic test is unknown. Direct evidence of how dynamic posturography can be used to improve outcomes is lacking. Absent direct evidence for a diagnostic test, a chain of evidence can sometimes be identified to demonstrate improvement in health outcomes. However, in the case of dynamic posturography, the chain of evidence about clinical validity and how the test would be used in practice is uncertain; therefore, no inferences can be made about clinical utility.

SUPPLEMENTAL INFORMATION

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in ‘Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Academy of Otolaryngology – Head and Neck Surgery

In a position statement adopted in 2007 and revised in 2014, the American Academy of Otolaryngology-Head and Neck Surgery recognized computerized dynamic platform posturography and dynamic (or moving) platform posturography as medically indicated and appropriate tools in the evaluation or therapy of certain persons with suspected balance or dizziness disorders.

In 2017, updated guidelines on the management of benign paroxysmal positional vertigo were published; posturography is not mentioned.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review can be located at clinicaltrials.gov.

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CODES

To report provider services, use appropriate CPT codes, HCPCS codes, Revenue codes, and/or ICD diagnosis codes.

Codes	Number	Description
CPT		
	92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
	92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform, and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

Codes	Number	Description
HCPCS		
	No code(s)	
Type of Service	Medical/Diagnostic	
Place of Service	Outpatient/Physician's Office	

POLICY HISTORY

Date	Reason	Action
April 2026	Annual Review	Policy Renewed
April 2025	Annual Review	Policy Renewed
April 2024	Annual Review	Policy Renewed
April 2023	Annual Review	Policy Revised
July 2022	Annual Review	Policy Renewed
July 2021	Annual Review	Policy Revised
July 2020	Annual Review	Policy Revised
July 2019	Annual Review	Policy Renewed
July 2018	Annual Review	Policy Revised
July 2017	Annual Review	Policy Renewed
July 2016	Annual Review	Policy Renewed
August 2015	Annual Review	Policy Revised
September 2014	Annual Review	Policy Renewed
October 2013	Annual Review	Policy Renewed
December 2012	Annual Review	Policy Renewed

December 2011	Annual Review	Policy Renewed
December 2010	Annual Review	Policy Renewed

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

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