balance-impaired patients typically either lean their heads sideways (trunk side flexion) while keeping the hips centered, or they keep their heads centered over the base of support while pushing their hips out sideways in an attempt to perform the weight-shifting tasks as instructed. These patients do not realize they are making these compensatory movements; therefore, the therapist needs to use verbal, visual, and tactile cues to draw attention to and correct these compensations. For the first few treatment sessions, a full-length mirror is a helpful way to provide visual feedback; however, do not overly use this during your intervention, as the goal is for the patient to begin relying more on proprioceptive feedback for trunk position and not too much on vision for balance. Examples of compensations are shown in Figures 11-6 and 11-7.