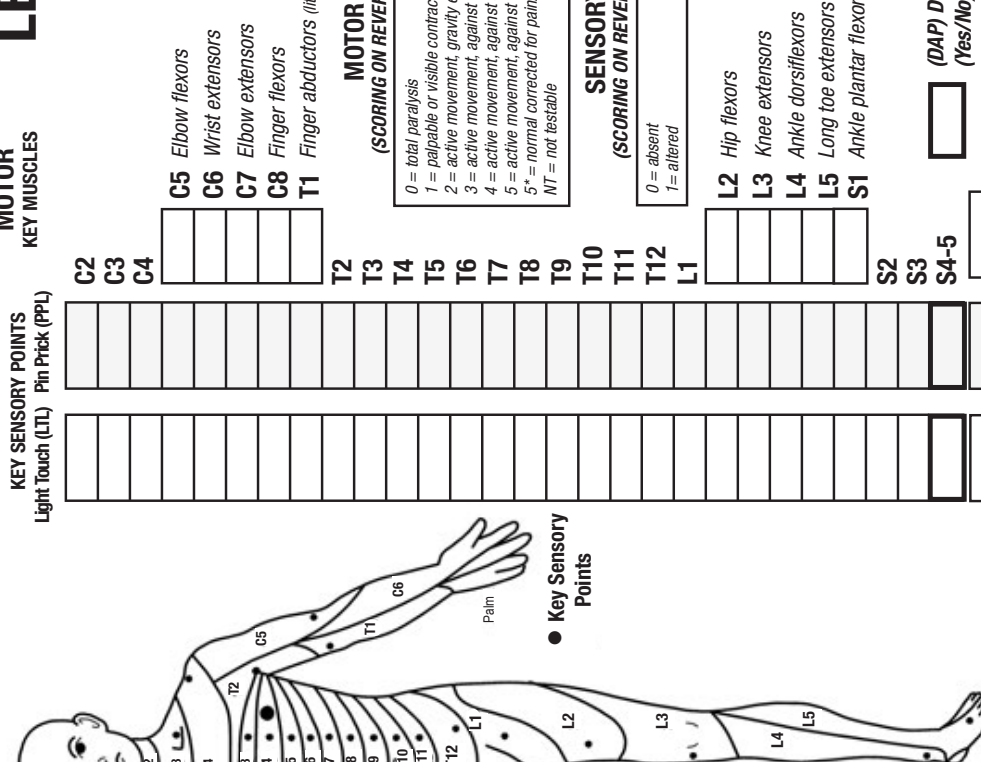


Patient Name _____ Date/Time of Exam _____
 Examiner Name _____ Signature _____

RIGHT		LEFT	
MOTOR KEY MUSCLES	SENSORY KEY SENSORY POINTS	MOTOR KEY MUSCLES	SENSORY KEY SENSORY POINTS
UER (Upper Extremity Right)	Light Touch (LTR) Pin Prick (PPR)	UEL (Upper Extremity Left)	Light Touch (LTL) Pin Prick (PPL)
Elbow flexors C5	C2 C3 C4	Elbow flexors C5	C2 C3 C4
Wrist extensors C6		Wrist extensors C6	
Elbow extensors C7		Elbow extensors C7	
Finger flexors C8		Finger flexors C8	
Finger abductors (little finger) T1		Finger abductors (little finger) T1	
	T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1		T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1
Comments (Non-key Muscle? Reason for NT? Pain?) _____ _____ _____		MOTOR (SCORING ON REVERSE SIDE) 0 = total paralysis 1 = palpable or visible contraction 2 = active movement, gravity eliminated 3 = active movement, against gravity 4 = active movement, against some resistance 5 = active movement, against full resistance 5* = normal corrected for path/disuse NT = not testable	
LER (Lower Extremity Right)		LEL (Lower Extremity Left)	
Hip flexors L2		Hip flexors L2	
Knee extensors L3		Knee extensors L3	
Ankle dorsiflexors L4		Ankle dorsiflexors L4	
Long toe extensors L5		Long toe extensors L5	
Ankle plantar flexors S1		Ankle plantar flexors S1	
	S2 S3 S4-5		S2 S3 S4-5
(MAC) Voluntary Anal Contraction (Yes/No)		(DAP) Deep Anal Pressure (Yes/No)	
RIGHT TOTALS (MAXIMUM) (50)		LEFT TOTALS (MAXIMUM) (50)	
UER + UEL = UEEMS TOTAL (50)		LEL + LES = LEEMS TOTAL (50)	
MAX (25)		MAX (25)	
MOTOR SUBSCORES LTR + LTL = LTTOTAL (112) MAX (56)		SENSORY SUBSCORES LTR + LTL = LTTOTAL (112) MAX (56)	
NEUROLOGICAL LEVELS Steps 1-5 for classification as on reverse		NEUROLOGICAL LEVELS Steps 1-5 for classification as on reverse	
1. SENSORY	R L	1. SENSORY	R L
2. MOTOR	R L	2. MOTOR	R L
4. COMPLETE OR INCOMPLETE? Incomplete = Any sensory or motor function in S4-5		4. COMPLETE OR INCOMPLETE? Incomplete = Any sensory or motor function in S4-5	
5. ASIA IMPAIRMENT SCALE (AIS) Most caudal level with any innervation		5. ASIA IMPAIRMENT SCALE (AIS) Most caudal level with any innervation	
3. NEUROLOGICAL LEVEL OF INJURY (NLI)		3. NEUROLOGICAL LEVEL OF INJURY (NLI)	
ZONE OF PARTIAL PRESERVATION		ZONE OF PARTIAL PRESERVATION	



Muscle Function Grading

- 0 = total paralysis
 - 1 = palpable or visible contraction
 - 2 = active movement, full range of motion (ROM) with gravity eliminated
 - 3 = active movement, full ROM against gravity
 - 4 = active movement, full ROM against gravity and moderate resistance in a muscle specific position
 - 5 = (normal) active movement, full ROM against gravity and full resistance in a functional muscle position expected from an otherwise unimpaired person
 - 5* = (normal) active movement, full ROM against gravity and sufficient resistance to be considered normal if identified inhibiting factors (i.e. pain, disuse) were not present
- NT** = not testable (i.e. due to immobilization, severe pain such that the patient cannot be graded, amputation of limb, or contracture of > 50% of the normal ROM)

Sensory Grading

- 0 = Absent
 - 1 = Altered, either decreased/impaired sensation or hypersensitivity
 - 2 = Normal
- NT** = Not testable

When to Test Non-Key Muscles:

In a patient with an apparent AIS B classification, non-key muscle functions more than 3 levels below the motor level on each side should be tested to most accurately classify the injury (differentiate between AIS B and C).

Movement Root level

Shoulder: Flexion, extension, abduction, adduction, internal and external rotation	C5
Elbow: Supination	
Elbow: Pronation	C6
Wrist: Flexion	
Finger: Flexion at proximal joint, extension.	C7
Thumb: Flexion, extension and abduction in plane of thumb	
Finger: Flexion at MCP joint	C8
Thumb: Opposition, adduction and abduction perpendicular to palm	
Finger: Abduction of the index finger	T1
Hip: Adduction	L2
Hip: External rotation	L3
Hip: Extension, abduction, internal rotation	L4
Knee: Flexion	
Ankle: Inversion and eversion	
Toe: MP and IP extension	
Hallux and Toe: DIP and PIP flexion and abduction	L5
Hallux: Abduction	S1

ASIA Impairment Scale (AIS)

A = Complete. No sensory or motor function is preserved in the sacral segments S4-5.

B = Sensory Incomplete. Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-5 (light touch or pin prick at S4-5 or deep anal pressure) AND no motor function is preserved more than three levels below the motor level on either side of the body.

C = Motor Incomplete. Motor function is preserved at the most caudal sacral segments for voluntary anal contraction (VAC) OR the patient meets the criteria for sensory incomplete status (sensory function preserved at the most caudal sacral segments (S4-S5) by LT, PP or DAP), and has some sparing of motor function more than three levels below the ipsilateral motor level on either side of the body.

(This includes key or non-key muscle functions to determine motor incomplete status.) For AIS C – less than half of key muscle functions below the single NLI have a muscle grade \geq 3.

D = Motor Incomplete. Motor incomplete status as defined above, with at least half (half or more) of key muscle functions below the single NLI having a muscle grade \geq 3.

E = Normal. If sensation and motor function as tested with the ISNCSCI are graded as normal in all segments, and the patient had prior deficits, then the AIS grade is E. Someone without an initial SCI does not receive an AIS grade.

Using ND: To document the sensory, motor and NLI levels, the ASIA Impairment Scale grade, and/or the zone of partial preservation (ZPP) when they are unable to be determined based on the examination results.

Steps in Classification

The following order is recommended for determining the classification of individuals with SCI.

1. Determine sensory levels for right and left sides.

The sensory level is the most caudal, intact dermatome for both pin prick and light touch sensation.

2. Determine motor levels for right and left sides.

Defined by the lowest key muscle function that has a grade of at least 3 (on supine testing), providing the key muscle functions represented by segments above that level are judged to be intact (graded as a 5).

Note: In regions where there is no myotome to test, the motor level is presumed to be the same as the sensory level, if testable motor function above that level is also normal.

3. Determine the neurological level of injury (NLI)

This refers to the most caudal segment of the cord with intact sensation and antigravity (3 or more) muscle function strength, provided that there is normal (intact) sensory and motor function rostrally respectively. The NLI is the most cephalad of the sensory and motor levels determined in steps 1 and 2.

4. Determine whether the injury is Complete or Incomplete.

(i.e. absence or presence of sacral sparing)
If voluntary anal contraction = **No** AND all S4-5 sensory scores = **0** AND deep anal pressure = **No**, then injury is **Complete**.
Otherwise, injury is **Incomplete**.

5. Determine ASIA Impairment Scale (AIS) Grade:

Is injury Complete? If **YES**, AIS=A and can record ZPP (lowest dermatome or myotome on each side with some preservation)

NO ↓

Is injury Motor Complete? If YES, AIS=B

NO ↓ (No=voluntary anal contraction OR motor function more than three levels below the motor level on a given side, if the patient has sensory incomplete classification)

Are at least half (half or more) of the key muscles below the neurological level of injury graded 3 or better?

NO ↓ **AIS=C**

YES ↓ **AIS=D**

If sensation and motor function is normal in all segments, AIS=E

Note: AIS E is used in follow-up testing when an individual with a documented SCI has recovered normal function. If at initial testing no deficits are found, the individual is neurologically intact; the ASIA Impairment Scale does not apply.

