

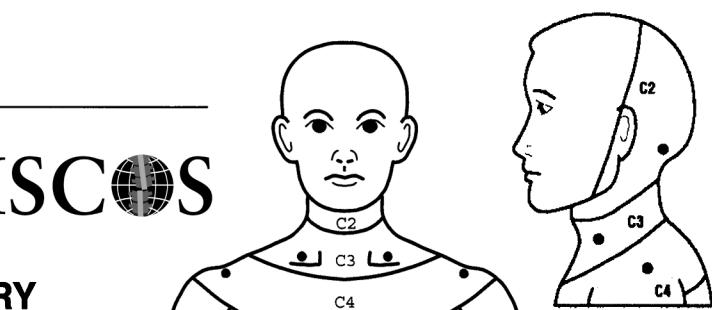
Patient Name _____

Examiner Name _____

Date/Time of Exam _____



INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY



		MOTOR			
<i>R</i>	<i>L</i>	KEY MUSCLES (scoring on reverse side)			
C5		Elbow flexors			
C6		Wrist extensors			
C7		Elbow extensors			
C8		Finger flexors (distal phalanx of middle finger,			
T1		Finger abductors (little finger)			
UPPER LIMB					
TOTAL (MAXIMUM)		<input type="text"/> + <input type="text"/>	= <input type="text"/>		
(25)		<input type="text"/>	= <input type="text"/>		
(25)		<input type="text"/>	= <input type="text"/>		

Comments:

- L2* *Hip flexors*
L3 *Knee extensors*
L4 *Ankle dorsiflexors*
L5 *Long toe extensors*
S1 *Ankle plantar flexors*

(VAC) Voluntary anal contraction
(Yes/No)

LOWER LIMB
TOTAL
(MAXIMUM) + =

NEUROLOGICAL LEVEL

The most caudal segment with normal function

SENSORY *R* *L*
MOTOR

SINGLE NEUROLOGICAL LEVEL

COMPLETE OR INCOMPLETE?

Incomplete = Any sensory or motor function in S4-S5

ASIA IMPAIRMENT SCALE (AIS)

(In complete injuries only)
ZONE OF PARTIAL PRESERVATION
Most caudal level with any innervation

SENSORY *R* *L*
MOTOR

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 muscle specific 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 range of motion).

ASIA Impairment (AIS) Scale

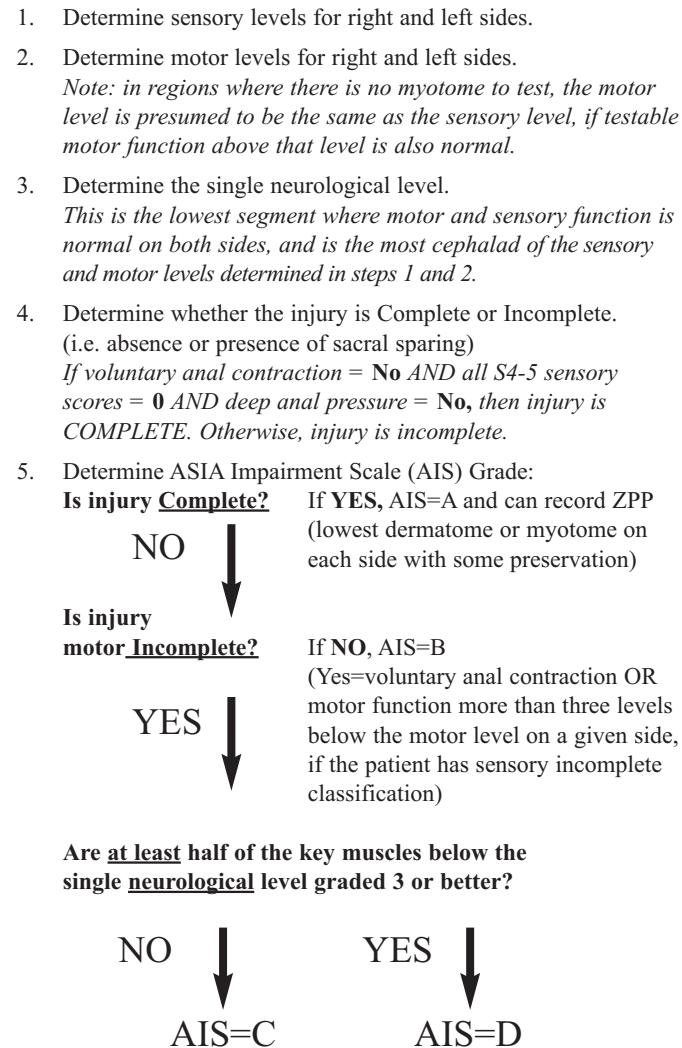
- A = Complete.** No sensory or motor function is preserved in the sacral segments S4-S5.
- B = Sensory Incomplete.** Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (light touch, pin prick at S4-S5; or deep anal pressure (DAP)), AND no 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 below the neurological level**, and more than half of key muscle functions below the single neurological level of injury (NLI) have a muscle grade less than 3 (Grades 0-2).
- D = Motor Incomplete.** Motor function is preserved below the neurological level**, and at least half (half or more) of key muscle functions below the NLI have a muscle grade ≥ 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.

**For an individual to receive a grade of C or D, i.e. motor incomplete status, they must have either (1) voluntary anal sphincter contraction or (2) sacral sensory sparing with sparing of motor function more than three levels below the motor level for that side of the body. The Standards at this time allows even non-key muscle function more than 3 levels below the motor level to be used in determining motor incomplete status (AIS B versus C).

NOTE: When assessing the extent of motor sparing below the level for distinguishing between AIS B and C, the **motor level** on each side is used; whereas to differentiate between AIS C and D (based on proportion of key muscle functions with strength grade 3 or greater) the **single neurological level** is used.

Steps in Classification

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



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.