

Patient Name _____

Examiner Name _____

Date/Time of Exam _____



STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY



MOTOR

KEY MUSCLES
(scoring on reverse side)

	R	L	
C5	<input type="checkbox"/>	<input type="checkbox"/>	Elbow flexors
C6	<input type="checkbox"/>	<input type="checkbox"/>	Wrist extensors
C7	<input type="checkbox"/>	<input type="checkbox"/>	Elbow extensors
C8	<input type="checkbox"/>	<input type="checkbox"/>	Finger flexors (distal phalanx of middle finger)
T1	<input type="checkbox"/>	<input type="checkbox"/>	Finger abductors (little finger)

UPPER LIMB TOTAL (MAXIMUM) + =
(25) (25) (50)

PR: Perianal Sensation.....
 Deep anal sensation.....
 Anal wink.....BCR.....
 Sphincter tone.....
 Voluntary Anal Contraction.....

	R	L	
L2	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors
L3	<input type="checkbox"/>	<input type="checkbox"/>	Knee extensors
L4	<input type="checkbox"/>	<input type="checkbox"/>	Ankle dorsiflexors
L5	<input type="checkbox"/>	<input type="checkbox"/>	Long toe extensors
S1	<input type="checkbox"/>	<input type="checkbox"/>	Ankle plantar flexors

Voluntary anal contraction (Yes/No)

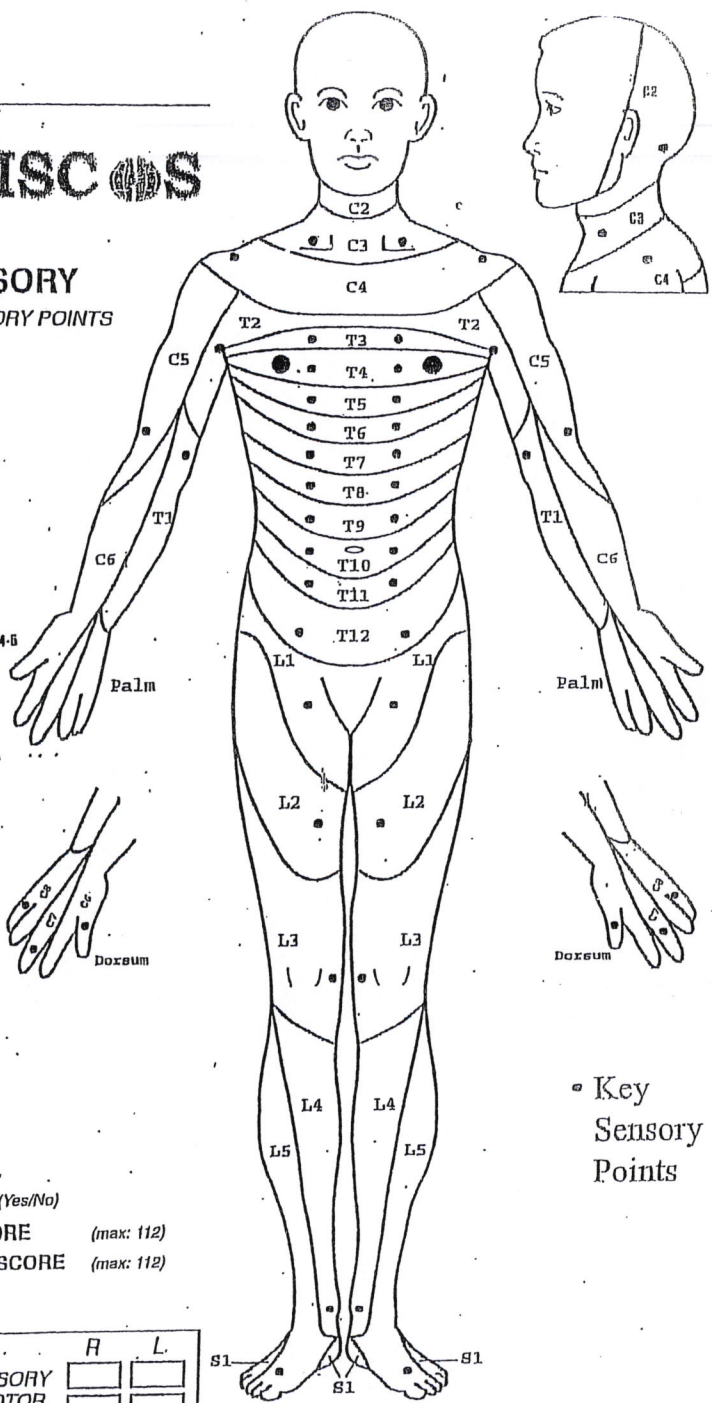
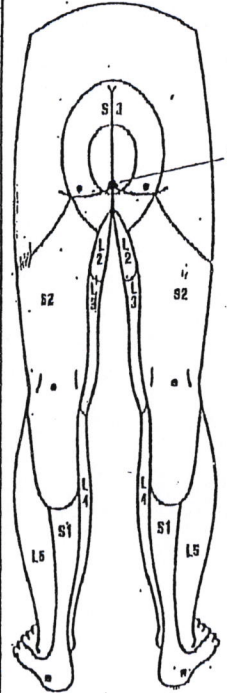
LOWER LIMB TOTAL (MAXIMUM) + =
(25) (26) (51)

SENSORY

KEY SENSORY POINTS

0 = absent
 1 = impaired
 2 = normal
 NT = not testable

	LIGHT TOUCH		PIN PRICK	
	R	L	R	L
C2				
C3				
C4				
C5				
C6				
C7				
C8				
T1				
T2				
T3				
T4				
T5				
T6				
T7				
T8				
T9				
T10				
T11				
T12				
L1				
L2				
L3				
L4				
L5				
S1				
S2				
S3				
S4-5				



Key Sensory Points

TOTALS: + =
 (MAXIMUM) (56) (56) (56) (56)

Any anal sensation (Yes/No)
 PIN PRICK SCORE (max: 112)
 LIGHT TOUCH SCORE (max: 112)

NEUROLOGICAL LEVEL <small>The most caudal segment with normal function</small>	SENSORY	R	L	COMPLETE OR INCOMPLETE? <small>Incomplete = Any sensory or motor function in S4-S5</small>	ZONE OF PARTIAL PRESERVATION <small>Caudal extent of partially innervated segments</small>	SENSORY	R	L
	MOTOR	<input type="checkbox"/>	<input type="checkbox"/>			MOTOR	<input type="checkbox"/>	<input type="checkbox"/>
ASIA IMPAIRMENT SCALE				<input type="checkbox"/>	<input type="checkbox"/>			

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