



Date of Exam \_\_\_\_\_ Time of Exam \_\_\_\_\_

Examiner Name \_\_\_\_\_ Signature \_\_\_\_\_

PT  Spine Surgeon  Physiatrist  CNS  Other (specify): \_\_\_\_\_

**RIGHT**

**MOTOR KEY MUSCLES**

**SENSORY KEY SENSORY POINTS**  
Light Touch (LT) Pin Prick (PP)

**SENSORY KEY SENSORY POINTS**  
Light Touch (LT) Pin Prick (PP)

**MOTOR KEY MUSCLES**

**LEFT**

**UER**  
(Upper Extremity Right)

- Elbow flexors **C5**
- Wrist extensors **C6**
- Elbow extensors **C7**
- Finger flexors **C8**
- Finger abductors (little finger) **T1**

**Comments** (Non-key Muscle? Reason for NT? Pain?):

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		
<b>RIGHT TOTALS</b>		
(MAXIMUM)	(50)	(56)

**LER**  
(Lower Extremity Right)

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

(VAC) Voluntary anal contraction (Yes/No)

**MOTOR SUBSCORES**

UER  + UEL  = **UEMS TOTAL**   
MAX (25) (25) (50)

LER  + LEL  = **LEMS TOTAL**   
MAX (25) (25) (50)

**UEL**  
(Upper Extremity Left)

- Elbow flexors **C5**
- Wrist extensors **C6**
- Elbow extensors **C7**
- Finger flexors **C8**
- Finger abductors (little finger) **T1**

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		
<b>LEFT TOTALS</b>		
(MAXIMUM)	(50)	(56)

**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 pain/diuse
- NT = not testable

**SENSORY (SCORING ON REVERSE SIDE)**

- 0 = absent
- 1 = altered
- 2 = normal
- NT = not testable

**LEL**  
(Lower Extremity Left)

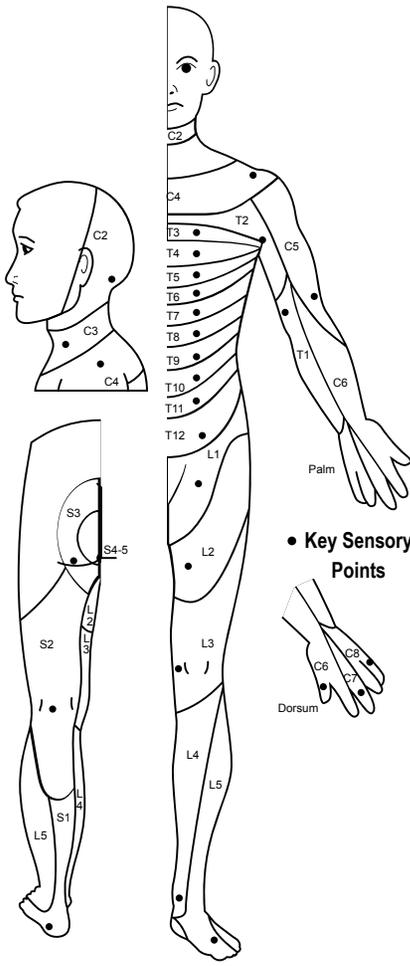
- Hip flexors **L2**
- Knee extensors **L3**
- Ankle dorsiflexors **L4**
- Long toe extensors **L5**
- Ankle plantar flexors **S1**

(DAP) Deep anal pressure (Yes/No)

**SENSORY SUBSCORES**

LTR  + LTL  = **LT TOTAL**   
MAX (56) (56) (112)

PPR  + PPL  = **PP TOTAL**   
MAX (56) (56) (112)



BCR Status  Present  Absent  Unknown

Cauda Equina Syndrome:  Yes  No  Unknown

**NEUROLOGICAL LEVELS**  
Steps 1-5 for classification as on reverse

1. **SENSORY** R  L   
2. **MOTOR** R  L

3. **NEUROLOGICAL LEVEL OF INJURY (NLI)**

4. **COMPLETE OR INCOMPLETE?**   
Incomplete = Any sensory or motor function in S4-5

5. **ASIA IMPAIRMENT SCALE (AIS)**

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

**SENSORY** R  L   
**MOTOR** R  L

- Other Neurological Deficit**
- Myelopathy
  - Periph. nerve injury NO cord injury
  - Periph. nerve injury with cord injury
  - None
  - Unknown