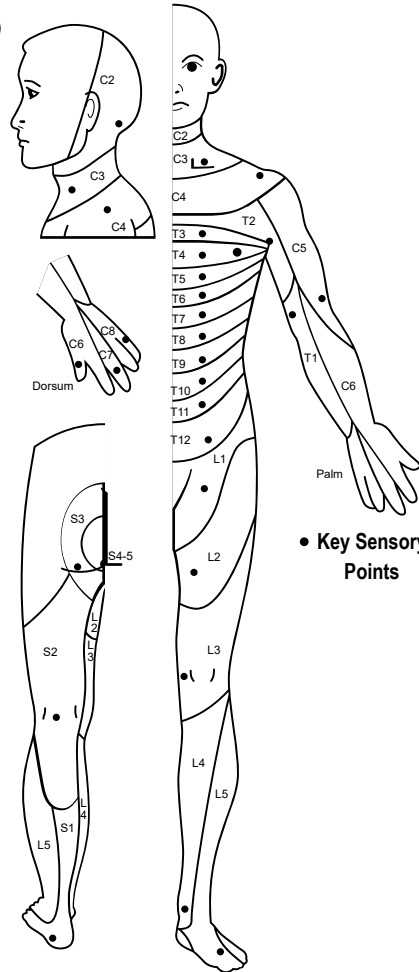


RIGHT

**MOTOR
KEY MUSCLES**

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

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		
RIGHT TOTALS		
(MAXIMUM)	(50)	(56)



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

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		
LEFT TOTALS		
(MAXIMUM)	(50)	(56)

**MOTOR
KEY MUSCLES**

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	
LEFT TOTALS	
(MAXIMUM)	(50)

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? Non-SCI condition?):

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

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
NT = not testable
0*, 1*, 2*, 3*, 4*, NT* = Non-SCI condition present

LEL
(Lower Extremity Left)

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

SENSORY (SCORING ON REVERSE SIDE)

0 = absent
1 = altered
2 = normal
NT = not testable
0*, 1*, NT* = Non-SCI condition present

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

Need help? Automated classification available at: www.isncscialgorithm.com

NEUROLOGICAL LEVELS
Steps 1-6 for classification as on reverse

1. SENSORY R L

2. MOTOR R L

3. NEUROLOGICAL LEVEL OF INJURY (NLI)

4. COMPLETE OR INCOMPLETE? (In injuries with absent motor OR sensory function in S4-5 only)
Incomplete = Any sensory or motor function in S4-5

5. ASIA IMPAIRMENT SCALE (AIS)

6. 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

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
- 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)

0*, 1*, 2*, 3*, 4*, NT* = Non-SCI condition present ^a

Sensory Grading

- 0 = Absent
 - 1 = Altered, either decreased/impaired sensation or hypersensitivity
 - 2 = Normal
 - NT = Not testable
- 0*, 1*, NT* = Non-SCI condition present ^a

^aNote: Abnormal motor and sensory scores should be tagged with a "*" to indicate an impairment due to a non-SCI condition. The non-SCI condition should be explained in the comments box together with information about how the score is rated for classification purposes (at least normal / not normal for classification).

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



INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY



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

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 and the ASIA Impairment Scale does not apply.

6. Determine the zone of partial preservation (ZPP).

The ZPP is used only in injuries with absent motor (no VAC) OR sensory function (no DAP, no LT and no PP sensation) in the lowest sacral segments S4-5, and refers to those dermatomes and myotomes caudal to the sensory and motor levels that remain partially innervated. With sacral sparing of sensory function, the sensory ZPP is not applicable and therefore "NA" is recorded in the block of the worksheet. Accordingly, if VAC is present, the motor ZPP is not applicable and is noted as "NA".