

ANNEX 36. B Patient assessment checklist SPINAL CORD INJURED

PROSTHETIST:	PATIENT NAME:	DATE:
PHYSIOTHERAPIST:	PATIENT N°:	

Circle the correct answer

PERSONAL & ENVIRONMENTAL INFORMATION (PATIENT HISTORY)				
PATIENT				
Occupation	Armed forces	Farmer, fisherman	Non-qualified worker	Technician
	Office worker	Retired	Unemployed/not active	Student
History of the trauma	Date:	Circumstances:		
ASIA level	A – B – C – D – E			
Clinical syndrome	Complete transverse lesion with specific level	Complete lesion upper limbs and incomplete lower limbs	Complete lesion lower limbs and incomplete/normal upper limbs	
	One body side loss of motor control, other side loss of pain, temperature	Lesion of lower lumbar spine (flaccid)		
History of the treatment	Hospital:	Treatment:		
	Hospital:	Treatment:		
Motivation	Good	Bad	Comments:	
Understanding	Good	Bad	Comments:	
Psychological status	Good	Bad	Comments:	
Attitude	Good	Bad	Comments:	
LIVING CONDITIONS				
House (owned / rented)	Good	Bad	Comments:	
Environment	Rural	Urban	Mountain	Flooded fields
Family	Present	Absent	Comments:	
Friends	Present	Absent	Comments:	
Cultural environment	Supportive	Limited	Comments:	
MEDICAL & SOCIAL STRUCTURES				
Accessibility of medical services	Yes	No	Comments:	
Accessibility of social services	Yes	No	Comments:	
Security situation	Good	Bad	Comments:	
CURRENT TREATMENT	1st	2nd	3rd and more	

Remarks:

ASIA Scale (muscle grade refers to Oxford scale)		Key muscles upper extremity	Key muscles lower extremity
A	Complete: no motor or sensory function	C5: elbow flexion	L2: hip flexion
B	Incomplete: sensory preserved, no motor function	C6: wrist extension	L3: knee extension
C	Incomplete: half of the key muscles graded less than 3	C7: elbow extension	L4: ankle dorsiflexion
D	Incomplete: half of the key muscles graded more than 3	C8: finger flexion (3rd finger)	L5: great toe dorsiflexion
E	Normal function	T1: little finger abduction	S1: ankle plantar flexion

BODY STRUCTURE & FUNCTIONAL IMPAIRMENT

Deformities

TRUNK	L	R
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>
Kyphosis	<input type="checkbox"/>	<input type="checkbox"/>
Lordosis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

HIP	L	R
Flexion	<input type="checkbox"/>	<input type="checkbox"/>
Adduction	<input type="checkbox"/>	<input type="checkbox"/>
Rotation	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>

ELBOW	L	R
Flexion	<input type="checkbox"/>	<input type="checkbox"/>
Recurvatum	<input type="checkbox"/>	<input type="checkbox"/>

SHOULDER	L	R
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>
Subluxation	<input type="checkbox"/>	<input type="checkbox"/>

KNEE	L	R
Varus	<input type="checkbox"/>	<input type="checkbox"/>
Valgus	<input type="checkbox"/>	<input type="checkbox"/>
Recurvatum	<input type="checkbox"/>	<input type="checkbox"/>
Flexion	<input type="checkbox"/>	<input type="checkbox"/>

HAND	L	R
Tenodesis	<input type="checkbox"/>	<input type="checkbox"/>
Straight fingers	<input type="checkbox"/>	<input type="checkbox"/>
Ulnar deviation	<input type="checkbox"/>	<input type="checkbox"/>

FOOT	L	R
Equinus	<input type="checkbox"/>	<input type="checkbox"/>
Talus	<input type="checkbox"/>	<input type="checkbox"/>
Varus	<input type="checkbox"/>	<input type="checkbox"/>
Valgus	<input type="checkbox"/>	<input type="checkbox"/>

Associated traumas or diseases

Description:

Skin & soft tissues

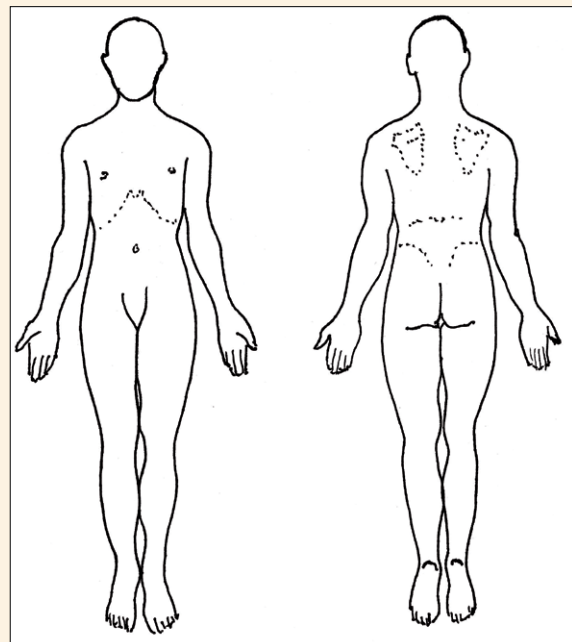
DISORDERS		Minor	Important
BODY CONDITION			
	Swelling	<input type="checkbox"/>	<input type="checkbox"/>
	Callus	<input type="checkbox"/>	<input type="checkbox"/>
	Scar (s)	<input type="checkbox"/>	<input type="checkbox"/>
	Wound (s)	<input type="checkbox"/>	<input type="checkbox"/>
	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
	Infection	<input type="checkbox"/>	<input type="checkbox"/>
⚡⚡⚡	Pain	<input type="checkbox"/>	<input type="checkbox"/>
▨▨▨	Abnormal sensation	<input type="checkbox"/>	<input type="checkbox"/>
■	Lack of sensation	<input type="checkbox"/>	<input type="checkbox"/>
	Sensory level

Cardiovascular status

	Good	Medium	Bad
General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing (frequency/min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital capacity (l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Muscle tone

SITE							
Trunk		normal	<input type="checkbox"/>	increased	<input type="checkbox"/>	decreased	<input type="checkbox"/>
Lower extremities	L	normal	<input type="checkbox"/>	increased	<input type="checkbox"/>	decreased	<input type="checkbox"/>
	R	normal	<input type="checkbox"/>	increased	<input type="checkbox"/>	decreased	<input type="checkbox"/>
Upper extremities	L	normal	<input type="checkbox"/>	increased	<input type="checkbox"/>	decreased	<input type="checkbox"/>
	R	normal	<input type="checkbox"/>	increased	<input type="checkbox"/>	decreased	<input type="checkbox"/>



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Range of motion

LOWER LIMB			Active		Passive	
			L	R	L	R
HIP						
	Flexion	120°				
	Extension	30°				
	Abduction	45°				
	Adduction	30°				
	Medial rotation	30°				
	Lateral rotation	60°				
KNEE						
	Flexion	135°				
	Extension	0				
ANKLE-FOOT						
	Dorsiflexion	30°				
	Plantar flexion	45°				
	Inversion	35°				
	Eversion	15°				
TRUNK						
	Global flexion	80°				
	Global extension	25°				
	Lateral flexion R	35°				
	Lateral flexion L	35°				
	Rotation R	50°				
	Rotation L	50°				

UPPER LIMB			Active		Passive	
			L	R	L	R
SHOULDER						
	Flexion	180°				
	Extension	60°				
	Abduction	180°				
	Adduction	30°				
	Medial rotation	95°				
	Lateral rotation	80°				
ELBOW						
	Flexion	150°				
	Extension	0				
FOREARM						
	Pronation	80°				
	Supination	80°				
WRIST						
	Flexion	80°				
	Extension	80°				
	Radial deviation	20°				
	Ulnar deviation	35°				
FINGERS						
	Thumb opposition					
	MP Flexion	90°				
	MP Extension	40°				
	IP Flexion	120°				

Muscle strength

MUSCLE TESTING according to Oxford Scale	
0	No contraction present
1	Contraction visible without movement
2	Movement possible without gravity or incomplete against gravity
3	Movement possible against gravity into the fullest available range
4	Movement possible against gravity and an added moderate resistance
5	Muscle functions normally

LOWER LIMB	Comments	L	R
HIP			
Flexors			
Extensors			
Abductors			
Adductors			
Lateral Rotators			
Medial Rotators			
KNEE			
Flexors			
Extensors			
ANKLE			
Dorsiflexors			
Plantar Flexors			
Inverters			
Everters			
TOES			
Flexors			
Extensors			
TRUNK			
Flexors			
Extensors			
R. Bending			
L. Bending			
R. Rotation			
L. Rotation			

UPPER LIMB	Comments	L	R
SHOULDER			
Flexors			
Extensors			
Abductors			
Adductors			
Lateral Rotators			
Medial Rotators			
Elevators			
Depressors			
Antepulsors			
Retropulsors			
ELBOW			
Flexors			
Extensors			
FOREARM			
Supinators			
Pronators			
WRIST			
Flexors			
Extensors			
FINGERS			
Flexors			
Extensors			
Abductors			
Opposition			

Activity limitations & participation restrictions

ACTIVITIES/PARTICIPATION	Independent	Assisted	Impossible	Comments	
MOBILITY					
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Managing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wheeling on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Balancing on back wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wheeling on rough ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Managing slope for WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TRANSFERS					
Lie to sit (& opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sit to sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sit to WC (& opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sit to stand (& opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stand to floor (& opposite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BALANCE					
Sitting with support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sitting without support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
UPPER LIMB ACTIVITIES					
Pressure relief of buttocks	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp/release	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine manipulation	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DAILY LIFE ACTIVITIES					
Dressing – Upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dressing – Lower body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Independent use of toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Washing oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Managing bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Managing bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Using devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skin care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ABILITY TO USE ASSISTANCE DEVICES								
Without devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Crutches	<input type="checkbox"/>	Good	Bad					
Walking frame	<input type="checkbox"/>	Good	Bad					
Wheelchair	<input type="checkbox"/>	Good	Bad					
Standing frame	<input type="checkbox"/>	Good	Bad			KAFO	HKAFO	Shoe raise
Special bed	<input type="checkbox"/>	Good	Bad					
Gloves	<input type="checkbox"/>	Good	Bad					
Orthoses	<input type="checkbox"/>	Good	Bad	FO	AFO	KAFO	HKAFO	Shoe raise

FO: Foot orthosis

AFO: Ankle-foot orthosis

KAFO: Knee-ankle-foot orthosis

HKAFO: Hip-knee-ankle-foot orthosis