

Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)¹

WE MOVE is pleased to provide this clinical tool for assessing and documenting the status of patients with spasmodic torticollis—also known as cervical dystonia. Additional scales and assessment forms are available at www.wemove.org

This packet contains

- 50 tear-off copies of the TWSTRS examination form
- A pocket-sized laminated TWSTRS card (at right)
- Black-and-white versions of the examination form and pocket-sized TWSTRS card for duplication

Presented by **WE MOVE**

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WE MOVE makes every effort to ensure the accuracy of this publication. Since there are daily advances in medical science, WE MOVE invites you to visit the Web site at www.wemove.org for view the most recent version of this document.

Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)¹

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I. Torticollis Severity Scale (MAXIMUM = 35)

A. Maximal Excursion

1. Rotation (*turn: right or left*)

0 = None [0°]

1 = Slight [$< 1/4$ range, 1°–22°]

2 = Mild [$1/4 - 1/2$ range, 23°–45°]

3 = Moderate [$1/2 - 3/4$ range, 46°–67°]

4 = Severe [$> 3/4$ range, 68°–90°]

2. Laterocollis (*tilt: right or left, exclude shoulder elevation*)

0 = None [0°]

1 = Mild [1°–15°]

2 = Moderate [16°–35°]



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TWSTRS Examination Record [TO BE COMPLETED BY THE EXAMINER]



Patient _____ Chart No. _____

Date _____ | _____ | _____ Time _____ AM PM
MONTH DAY YEAR

I. Torticollis Severity Scale (MAXIMUM = 35)

A. Maximal Excursion	Rate maximum amplitude of excursion asking patient not to oppose the abnormal movement; examiner may use distracting or aggravating maneuvers. When degree of deviation is between scores, choose the higher of the two.						SCORE
1. Rotation	0	1	2	3	4	/	
2. Laterocollis	0	1	2	3		/	
3. Anterocollis or Retrocollis						/	
a. Anterocollis	0	1	2	3		/	
b. Retrocollis	0	1	2	3		/	
4. Lateral shift	0	1	/	/	/	/	
5. Sagittal shift	0	1	/	/	/	/	
B. Duration Factor <i>(Weighted x 2)</i>	0	1 <i>(x 2)</i>	2 <i>(x 2)</i>	3 <i>(x 2)</i>	4 <i>(x 2)</i>	5 <i>(x 2)</i>	
C. Effect of Sensory Tricks	0	1	2	/	/	/	
D. Shoulder Elevation/Anterior Displacement	0	1	2	3	/	/	
E. Range of Motion	0	1	2	3	4	/	
F. Time	0	1	2	3	4	/	

SUBTOTAL SEVERITY

II. Disability Scale (MAXIMUM = 30)

A. Work	0	1	2	3	4	5	
B. Activities of Daily Living	0	1	2	3	4	5	
C. Driving	0	1	2	3	4	5	
D. Reading	0	1	2	3	4	5	
E. Television	0	1	2	3	4	5	
F. Activities Outside the Home	0	1	2	3	4	5	

SUBTOTAL DISABILITY

III. Pain Scale (MAXIMUM = 20)

A. Severity of Pain (worst + best + (2*usual))/4	Best ____	Worst ____	Usual ____				
B. Duration of Pain	0	1	2	3	4	5	
C. Disability Due to Pain	0	1	2	3	4	5	

INJECTION RECORD ON REVERSE SIDE

SUBTOTAL PAIN

TOTAL TWSTRS SCORE

PHYSICIAN'S SIGNATURE _____

Injection Record [INDICATE INJECTION SITES ON DIAGRAMS PROVIDED]



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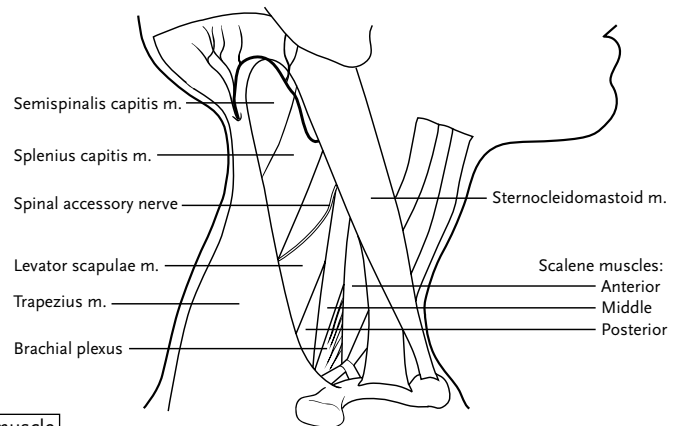
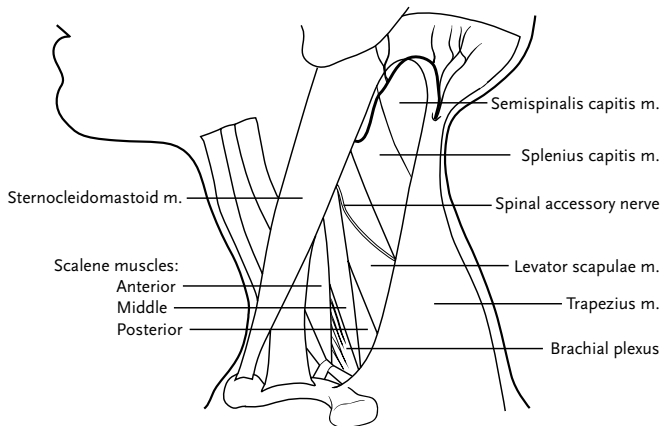
Patient _____ Chart No. _____

Date _____ Time _____ AM PM
MONTH DAY YEAR

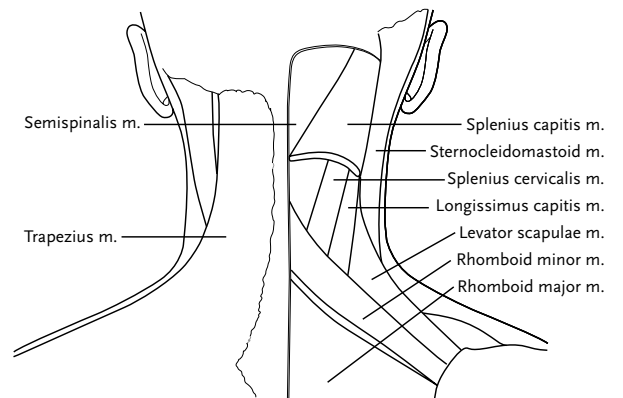
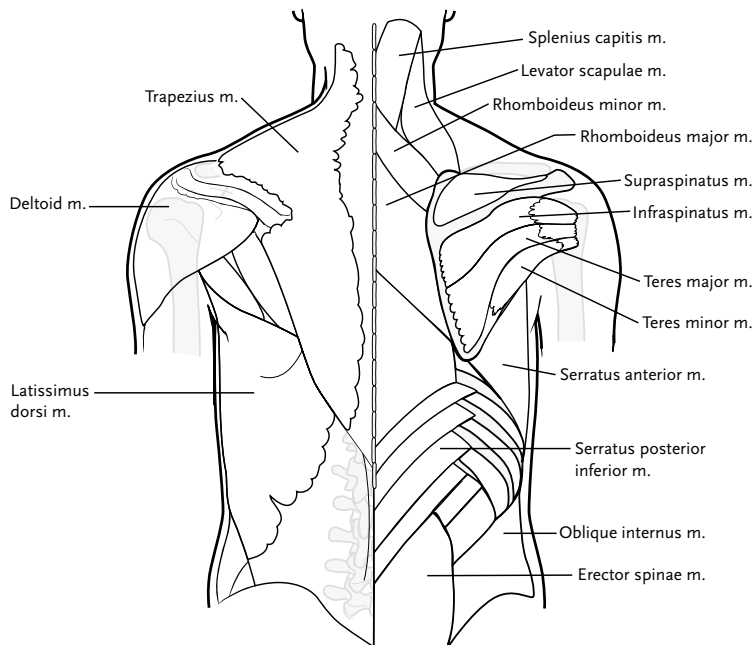
Agent Injected: BOTOX ____ Units/ml. Dysport ____ Units/ml. MYOBLOC/Neurobloc ____ Units in ____ ml.

Muscle Injected	Units Injected	Volume Injected	Number of Injections	Total Units	Total Volume

Total Amount Administered _____ Total Amount Used _____ Electromyography Utilized? Yes No



m. = muscle



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 PHYSICIAN'S SIGNATURE