مستشفى الملك فيصل التخصصي
ومركز الأبحاث

King Faisal Specialist Hospital
& Research Center

Intrathecal Screening Test Assessment Form

Date: _____

Drug given via : □Lumber Puncture □Intrathecal Catheter Dr.																			
Dose Given _____ mcg	Time of Injection						Device(s) Used: □Apnea Monitor □ Pulse Oximeter □ Heart Monitor												
	Pre Bolus		1/2Hr. after		1Hr. after		2Hr. after		3Hr. after		4 Hr. after		6 Hr. after		8 Hr. after		12 Hr. after	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Wrist Flexion																			
Wrist Extension																			
Elbow Flexion																			
Elbow Extension																			
Hip Adduction																			
Hip Abduction																			
Hip Flexion																			
Knee Extension																			
Knee Flexion																			
Ankle Dosiflexion																			
Planter Flexion																			
Average UE*																			
Average LE**																			
Overall Spasm Score																			

Scale Used: _____

Comments: _____

Asworth Scale

Score	*Criteria*
1	No increase in tone
2	slight increase in tone, giving a "catch" when affected part(s) is moved in flexion or extension.
3	More marked increase in tone but affected part(s) is easily flexed
4	Considerable increase in tone –passive movement difficult
5	Affected part(s)rigid in flexion or extension

Modified Asworth Scale

Score	*Criteria*
0	No increase in tone
1	Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the ROM when the affected part(s) is moved in flexion or extension.
1+	Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM.
2	More marked increase in tone but affected part(s) is easily flexed
3	Considerable increase in tone –passive movement difficult
4	Affected part(s)rigid in flexion or extension

Asworth Scale

Score	*Criteria*
0.	None
1.	No spontaneous spasms; vigorous sensory and motor stimulation results in spasms
2.	occasional spontaneous spasms and easy induced spasms
3.	Greater than one but less than ten spontaneous spasms per hour
4.	Greater than ten spontaneous spasms per hour

*UE= Upper Extremities ** LE= Lower Extremities

برنامج
الإضطرابات الحركية
Movement Disorders Program

الرمز الداخلي # ٧٦
قسم العلوم العصبية
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الرياض ١١٢١١
المملكة العربية السعودية
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