

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
- 5*** = (normal) active movement, full ROM against gravity and sufficient resistance to be considered normal if identified inhibiting factors (i.e. pain, disuse) were not present
- 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 range of motion)

Sensory Grading

- 0** = Absent
- 1** = Altered, either decreased/impaired sensation or hypersensitivity
- 2** = Normal
- NT** = Not testable

Non Key Muscle Functions (optional)

May be used to assign a motor level to differentiate AIS B vs. 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 below the neurological level**, and more than half of key muscle functions below the neurological level of injury (NLI) have a muscle grade less than 3 (Grades 0-2)

D = Motor Incomplete Motor function is preserved below the neurological level**, and at least half (half or more) of key muscle functions below the NLI have 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

** For an individual to receive a grade of C or D, i.e. motor incomplete status, they must have either (1) voluntary anal sphincter contraction or (2) sacral sensory sparing with sparing of motor function more than three levels below the motor level for that side of the body. The International Standards at this time allows even non-key muscle function more than 3 levels below the motor level to be used in determining motor incomplete status (AIS B versus C)

NOTE: When assessing the extent of motor sparing below the level for distinguishing between AIS B and C, the **motor level** on each side is used; whereas to differentiate between AIS C and D (based on proportion of key muscle functions with strength grade 3 or greater) the **neurological level of injury** is used



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 and can record ZPP (lowest dermatome or myotome on each side with some preservation)

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; the ASIA Impairment Scale does not apply