

American Spinal Injury Association (ASIA) Standard Neurological Classification of Spinal Cord Injury Form

Name: _____

Division: _____

* Care Type: _____

Neurological Level: _____

ASIA Impairment: _____

* Record Date: _____

Care Start Date: _____

* Score Type: _____

STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY

		MOTOR				SENSORY			
		KEY MUSCLES		LIGHT TOUCH		PIN PRICK		KEY SENSORY POINTS	
	R	L		R	L	R	L		
C2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C5	<input type="checkbox"/>	<input type="checkbox"/>	Elbow flexors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C6	<input type="checkbox"/>	<input type="checkbox"/>	Wrist extensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C7	<input type="checkbox"/>	<input type="checkbox"/>	Elbow extensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C8	<input type="checkbox"/>	<input type="checkbox"/>	Finger flexors (distal phalanx of middle finger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T1	<input type="checkbox"/>	<input type="checkbox"/>	Finger abductors (little finger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T6	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T9	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T10	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T12	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L2	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L3	<input type="checkbox"/>	<input type="checkbox"/>	Knee extensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L4	<input type="checkbox"/>	<input type="checkbox"/>	Ankle dorsiflexors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L5	<input type="checkbox"/>	<input type="checkbox"/>	Long toe extensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S1	<input type="checkbox"/>	<input type="checkbox"/>	Ankle plantar flexors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S4-5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

☐ Voluntary anal contraction (Yes/No)

☐ Any anal sensation (Yes/No)

TOTALS ☐ + ☐ = ☐ **MOTOR SCORE**
 (MAXIMUM) (50) (50) (100)

TOTALS { ☐ + ☐ } = ☐ **PIN PRICK SCORE** (max: 112)
 (MAXIMUM) (56) (56) (56) (56)

TOTALS { ☐ + ☐ } = ☐ **LIGHT TOUCH SCORE** (max: 112)
 (MAXIMUM) (56) (56) (56) (56)

NEUROLOGICAL LEVEL The most caudal segment with normal function	R	L	COMPLETE OR INCOMPLETE? * <input type="checkbox"/> Incomplete = Any sensory or motor function in S4-S5	ZONE OF PARTIAL PRESERVATION Caudal extent of partially innervated segments	
	SENSORY	<input type="checkbox"/>			<input type="checkbox"/>
	MOTOR	<input type="checkbox"/>			<input type="checkbox"/>

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2003 Rev.